



# **TOWN OF NEWTON, NH**

## **SAFETY & LOSS MANAGEMENT PROGRAM & POLICIES**

(Version # 6– August 2016)

**Revised: July 2009, May 2014, August 2014, Sept. 2014, Oct. 2014, Nov. 2014, May 2016, June 2016,  
July 2016, August 2016**

## **BOARD OF SELECTMEN POLICY / FORMS APPROVAL CHRONOLOGY**

1	1 <sup>st</sup> Aid	March 2009
2	Accident Investigation	March 2009
3	Personal Protective Equipment	March 2009
4	Motor Vehicle	March 2009
5	Disciplinary	March 2009
6	Lock Out / Tag Out	March 2009
7	Hazardous Material Mgmt. & Training Policy	March 2009
8	Workplace Violence Prevention Policy	October 2012
9	Anti-bullying	April 2014
10	Slip, Trip and fall	May 2016
11	Temporary Alternate Duty	May 2016
12	JLMC Corrective Action Recommendation	May 2016
13	Chains, Cables, Ropes & Hooks	August 2016
14	Compressed Air Use	August 2016
15	Air Tools – Pneumatic power tools	August 2016
16	Machine Guarding	August 2016
17	Flag Person	August 2016
18	Hand Tools	August 2016
19	Hygiene & Sanitation	August 2016
20	Mechanized Equipment	August 2016
21	Saws	August 2016
22	Excavating & Trenching	August 2016
23	Storage	August 2016
24	Traffic Control	August 2016
25	Trash	August 2016
26	Tree Care Operations	August 2016
1	Form “A” - 1 <sup>st</sup> Aid Kit Check List	March 2009
2	Form “B” – Defibrillator Check List	March 2009
3	Form “C” – Contractor Notification	March 2009
4	Form “D” – Accident Report	March 2009
5	Form “E” – Written Warning	March 2009
6	Form “F” – Notice of Suspension	March 2009
7	Form “G” – Safety Training Attendance	March 2009
8	Form “H” – Safety Manual Receipt	March 2009
9	Form “I” - Bullying Investigation Rpt	March 2009
10	Form “J” - Release & Indemnification	March 2009
11	Form “L” – Slip, Trip, and Fall Log	May 2016
12	Form “M” – JLMC Recommendations	May 2016
13	Form “N” -- Loss Analysis	May 2016
14	Form “O” – Health & Safety Inspection	August 2016
15	Form “P” – Self Assessment	August 2016

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## **SECTION I – INTRODUCTION**

### **INTRODUCTION:**

The purpose of the Safety and Loss Management Program is to bring workers and management together in a cooperative effort to promote workplace safety. The Committee shall develop a written safety program for submission to the New Hampshire Department of Labor.

Every employee of the Town of Newton has the right to a workplace free from safety and health hazards (Lab 1403.01). This Safety and Loss Management Program is designed to prevent accidents and illnesses to the employees and management of the Town. Unsafe acts, unsafe conditions and incidents all demonstrate a weakness in the management system. This program provides the framework and structure for safety concerns to be managed like any other function of town government through planning, organization, leadership, control and communication.

This manual has been prepared in order to provide all Town of Newton personnel with a comprehensive set of written safety policies and procedures.

These policies and procedures have been developed, and shall be followed, in an effort to minimize incidents in all departments. The material in this manual will be periodically reviewed and amended as needed. Every employee, supervisor, and department head shall be expected to be thoroughly familiar with the contents of this manual and shall be held responsible for compliance with the directives contained herein.

Only through a joint commitment by management and employees can workplace accidents or injuries be reduced or eliminated.

## **SECTION II - GENERAL RULE REGARDING THE SAFETY AND LOSS MANAGEMENT PROGRAM**

The Town of Newton accepts and adheres to the Department of Labor's ADMINISTRATIVE RULES FOR SAFETY AND HEALTH, Chapter LAB 1400. The only exceptions would be where more stringent rules are in place, such as in the Newton Police or Fire Department's departmental policies.

### **SECTION III – RESPONSIBILITIES:**

#### **Safety & Loss Management Committee:**

- A The Safety and Loss Management Committee (SLMC) shall consist of various members of town management. Specifically: A Selectman, Road Agent, Fire Chief, Chief of Police shall be permanent members. Additional members may consist of representatives from other town departments such as, Town Hall offices, Transfer Station, Cemetery Trustees, Library etc...

The SLMC will meet at least quarterly to review and act upon incident reports and review the safety policies and programs in place.

The SLMC will conduct annual Self Assessments. See Form "P"

#### **Board of Selectmen:**

The responsibilities of the Board of Selectmen (BOS) shall include, but not be limited to, the following functions:

- a) To provide overall support, direction and commitment;

### **SECTION III – RESPONSIBILITIES (Cont.):**

- b) To ensure that personnel responsible for implementing the provisions of this program understand it, have a copy of it, and are held accountable for their action/inactions in accordance with established personnel policies and procedures;
- c) To provide required resources including funding for safety equipment, personal protective equipment and training materials;
- d) To provide time as part of the normal operations of a department for inspections and the completion of reports when warranted by investigation, and to permit and encourage employees to participate in training programs;
- e) To provide other necessary support and programs as needed.

#### **Department Head / Supervisor:**

Each Department Head / Supervisor shall have complete responsibility for the Safety Program within their department and building(s). In addition shall:

- a) Assure that Employees are properly instructed regarding safe working methods and that Supervisors fulfill their assigned responsibilities in regard to safety instruction and supervision.
- b) Assure that required reports pertaining to injuries, vehicle incidents, and investigations are promptly prepared and forwarded for further processing.
- c) Require all personnel to obey safety rules, procedures and policies, and shall take or recommend appropriate disciplinary action whenever deemed necessary.
- d) Assure that proper action is taken any time an Employee is injured. This includes:
  - 1 Making sure that the injured Employee receives appropriate medical attention, depending upon the severity of the injury.
  - 2. Completing any necessary forms, reports, or other documentation related to the injury and treatment of an Employee under their supervision. This includes, but is not limited to, Workers' Compensation Forms and Incident Investigation Forms.
- e) Conduct annual area inspections. (See Form "O")

#### **Employees:**

Each Employee is always responsible for his/her own safety, the safety of fellow workers, and the safety of the general public with regard to the work being performed (Lab 1403.01 (b)). In addition:

- a) An Employee shall be required to obey safety rules, policies, and procedures as a condition of employment.
- b) An Employee shall wear personal protective equipment such as goggles, hard-hats, etc. as deemed necessary by the Department Head / Supervisor, or as common sense dictates.
- c) An Employee shall promptly inform Supervisor of any unsafe equipment, unsafe tools or other hazardous conditions.
  - 1. Reorientation training will be given to all employees who return to work from an injury or an extended absence.
  - 2. Hazardous Communication and Safety Training is mandated for all employees. The Fire and Police Departments heads will conduct training specific to their areas.

**SECTION III – RESPONSIBILITIES (Cont.):**

- 3. A refresher course on Hazardous Communication and Safety Training will be given annually.**
- 4. \*The Supervisor of the Transfer Station will train all personnel on the relevant safety procedures and policies before said personnel is allowed to work alone at the Transfer Station.**
- 5. When training is completed, the Dept. Head / Supervisor will document the training with a copy submitted to the Selectmen's Office for inclusion in the training file and the employee's personnel file.**
- 6. The Board of Selectmen will enforce the mandatory training of all employees as outlined in the training policy.**

**\* Transfer Station Attendant shall be State Certified.**

## **SECTION IV – TOWN OF NEWTON, NH SAFETY POLICIES:**

### **First Aid Policy: (NSC 0309-1)**

It is the policy of the Town of Newton to have a safe work environment for employees, visitors, and those that are conducting business in the town.

Emphasis is placed on the prevention of accidents and injuries. When accidents do occur, prompt and knowledgeable treatment of injured employees will, in many cases, prevent minor injuries from becoming major ones.

Adequate first aid supplies shall be readily available. First aid cabinets or kits will be maintained in various, accessible locations. NOTE: A record/list should be kept inside the kit listing items used/removed to facilitate restocking.

First aid supplies are to be checked on a monthly basis. The date of the check and the “checkers” name will be recorded on Form “A” located near the first aid supply kit. The Defibrillators will be checked monthly and the date and checker’s name recorded in Form “B”.

First aid supply containers are maintained at the following locations:

<b><u>BUILDING</u></b>	<b><u>AREA</u></b>	<b><u>RESPONSIBLE PARTY</u></b>
Fire House:	Rescue Truck (Mobile Unit)	Fire Chief
Greenie Park Field House:	Food Prep Room	Recreation Director
Marshall House Museum:	First Floor Kitchen	Museum Curator
Police Station:	Wall at entrance to hallway	Police Chief
Gale Library	Front Desk 1 <sup>st</sup> Floor	Librarian
Road Crew Truck	In cab	Road Agent
Town Beach Shed:	West Wall	Recreation Director
Town Hall:	“Kitchen” Area	Town Administrator
Transfer Station:	“Bunker” Building	Station Manager

A member of the Town *JLMC* will be delegated to monitor monthly checks.

Defibrillators are stored in the following locations:

<b><u>BUILDING</u></b>	<b><u>AREA</u></b>	<b><u>RESPONSIBLE PARTY</u></b>
Town Hall:	Outside Build. Insp. Office	Town Admin. or Designee
Transfer Station:	In Bunker Building	Station Mgr. or Designee
Police Cruisers:		Police Chief

In the event of a serious emergency, make sure the immediate area is safe - do not put yourself or anyone else in danger!

Due to the fact that the employees on the scene may not be trained to be a “First Responder”, the only action required, of the employee(s), would be to call 911.

You will need to give the following details:

- Exact location
- What happened (be clear and concise);

- Symptoms (if possible);
- Your name.

#### **SECTION IV – TOWN OF NEWTON, NH SAFETY POLICIES (CONT.):**

##### **First Aid Policy: (NSC 0309-1) Cont.**

**The rescue vehicle will respond to a medical emergency; therefore the EMT's will do what is necessary until the ambulance arrives.**

Stay with the sick or injured person if possible. It is preferable to use the nearest available person or telephone to get help. Ask the person you send to get help to come back, if possible, and advise you as to whom they contacted.

**Calm and reassure the injured/ill person and make them as comfortable as possible. Attempt to ascertain the sick or injured person's medical information. (IE: Prescription medication, allergies etc...)**

Prepare the patient and immediate area for more advanced care and accessibility. (IE: move furniture, equipment, vehicles etc...)

In cases requiring outside medical attention, notify the appropriate responding agency. The patient will decide the manner of transportation to be used.

**NOTE: Employees are instructed to render care only up to their level of training in First Aid.**

## **SECTION IV – TOWN OF NEWTON, NH SAFETY POLICIES (CONT.):**

### **ACCIDENT INVESTIGATION POLICY: (NSC 0309-2)**

#### **Cases to be investigated:**

Every incident shall be investigated.

#### **Purpose of Investigation:**

The purpose of the investigation shall be to determine what happened, why it happened, and what steps should be taken to prevent a reoccurrence of the incident.

#### **Investigation Procedure:**

1. The Department Head / Supervisor, or their designee, will investigate all incidents that occur within their scope of responsibility.
2. Each investigation should be started as soon as possible after the incident. A delay of only a few hours may permit important evidence to be destroyed, or removed, whether intentionally or unintentionally.
3. The accident report is to be submitted, within 48 hours, to the Selectmen's Office for processing. The report will be sent to the Insurance Company, if applicable, along with copies to the **JLMC** for their review of the accident in order for them to make recommendations to correct or prevent future accidents.
4. Arrive at the incident scene promptly in order to obtain facts while they are still fresh, investigators should arrive at the scene as soon as possible after an incident has been reported.
5. Conduct Interviews With Involved Parties with the injured person, all witnesses and involved parties will be interviewed to obtain results, and allow each person to relate what happened in his/her own way. The investigator, if necessary, should make only brief notes, at this time. Complete, formal statements, if required, can be made later.
6. Note Conditions and Evidence. Record information as to conditions present at the time of the incident. These could relate to weather, mechanical defects, or other unsafe working conditions. Also note any physical evidence that is available. If possible, photographs should be taken of the scene.

Note: Any Reference to Unsafe Acts. Note any reported unsafe acts that may have contributed to the incident.

#### **Reports of Investigation:**

Written reports of investigation will be as complete as possible, preferably in narrative form. The report should include information that would answer the following questions:

WHO was injured or WHAT was damaged?

HOW did the incident happen?

WHERE and WHEN did it happen?

## **SECTION IV – TOWN OF NEWTON, NH SAFETY POLICIES (CONT.):**

### **ACCIDENT INVESTIGATION POLICY (NSC-0309-2) CONT.**

WHO saw it happen?

WHAT persons, equipment, materials, and conditions were involved?

WHY did the incident happen?

The investigator must be particularly thorough in determining the WHY of each incident.

For example, in the case of an Employee receiving an eye injury, the investigator might list the cause as "failure to wear goggles".

- o The WHY of this incident is: “Why didn't the Employee wear goggles? Were goggles available? If so, was the Employee instructed to wear them? If so, why didn't the Employee wear them?”
- o What could and should have been done to prevent it and similar incidents?

The **JLMC** will meet as needed with the Department Head / Supervisor to discuss the accident and make recommendations to prevent future accidents from happening.

The recommendations of the **JLMC** will submitted to the Board of Selectmen.

The accident reports will be kept in the **JLMC** files. All reports are to be kept confidential.

## **SECTION IV – SAFETY POLICIES (CONT.)**

### **Personal Protective Equipment: - NSC-0309-3**

#### **Highway Department & Transfer Station**

The employees working for the Town of Newton, as well as contractors hired by the Town, are required to wear all proper personal protective equipment appropriate to their contractual duties. (IE: Hardhat, Eye protection, Ear protection etc...) It is the Department Head / Supervisor's responsibility to ensure all department personnel are supplied with the proper protective equipment for duties performed in their department and are trained in the proper use of said equipment.

It is the contractor's responsibility to ensure all contractor personnel are supplied with the proper protective equipment and trained in the proper use of said equipment. (See Contractor Form)

#### **1. Head Protection:**

Approved ANSI hard-hats shall be furnished to and shall be worn by personnel who are working in and around areas where there is a possibility of head injury.

Duties, which require the use of hard hats, include, but are not limited to the following:

- The ground person must wear a hard hat within the work area during the operation of all equipment, including backhoe, loader, and street sweeper.
- When working in the vicinity of tree or brushwork operations.
- When working below ground level, such as in lift stations, ditches, etc.
- When other conditions warrant and / or when instructed to do so by a supervisor.

#### **2. Eye Protection:**

Goggles, face shields, safety glasses with side shields or other suitable eye protection shall be required for wear by employees whenever there is danger of exposing the eyes to flying particles, chemical substances, harmful light rays such as produced when welding, dirt or grease falling from under vehicles, blood/bodily fluids, or other conditions considered harmful.

The Town will furnish suitable eye protection devices.

#### **3. Ear / Hearing Protection:**

Earplugs or earmuffs must be worn when performing duties where the occupational noise exposure level exceeds the sound levels shown in Table 14.01 Permissible Noise Exposures, section LAB 1403.38 of the Department of Labor Administrative Rules for Safety and Health.

The Town will furnish suitable hearing protection devices.

#### **4. Hand Protection:**

Employees may be required to use appropriate work gloves in completing their duties.



The Town shall furnish specialized hand protection such as rubber gloves, leather gloves, welding gloves, etc commensurate with the duties being performed.

**SECTION IV – SAFETY POLICIES (CONT.):**

**Personal Protective Equipment - NSC-0309-3 (Cont.)**

**Highway Dept. & Transfer Station (Cont.):**

**5. Foot Protection:**

Employees are required to wear safety shoes whenever they are working in an area where heavy objects, machinery, tools or other potential hazard pose an increased risk that foot injuries may occur.

An annual financial allowance will be given each year for the purchase of approved foot protection. Upon presentation of the purchase receipt the employee will be reimbursed an amount not to exceed either the allowance or the purchase price, whichever is lower.

NOTE: Employees are to wear said safety shoes only when performing town duties.

**6. Clothing:**

Employees are required to dress appropriately. Standard dress will be pants and shirt. Shorts and T-shirts may be worn in certain circumstances as approved by the Department Head / Supervisor.

**7. Safety Vest:**

Shall be worn when an employee is in flagging position and/or when working in a traveled right-of-way. This includes volunteers at the Transfer Station.

The Town will furnish suitable ANSI Class III reflective vest equipment.

**8. Penalties:**

Failure to comply with mandatory requirements for wearing safety apparel and using safety equipment will result in disciplinary action up to and including termination. (See Disciplinary Policy for Safety Infractions.

**Personal Protective Equipment: Newton Police and Fire Departments:**

Policies are kept at the Central Fire Dept. and Police Headquarters.

## **SECTION IV – SAFETY POLICIES (CONT.)**

### **MOTOR VEHICLE POLICY – NSC-0309-4**

The following is a guideline pertaining to the use of motor vehicles owned by the Town of Newton.

NOTE: The Police and Fire Departments have specific departmental “Standard Operation Procedures” for the operation of town owned vehicles. But, at a minimum, both departments should comply with Town of Newton Motor Vehicle Policies.

Seat belt use in All Town owned vehicles is mandatory, excluding emergency personnel tending to patients in emergency vehicles. Seat belt use is also mandatory if you are using your personal vehicle (POV) on town business.

Reckless driving will NOT be tolerated, even on emergency calls.

### **MOTOR VEHICLE RECORD CHECK (MVR)**

- 1 Request MVRs directly from the Registry of Motor Vehicles and a background check for all new hires and existing employees who are authorized to operate a company vehicle to determine past driving experience. MVRs will show moving violations including accidents and tickets.
2. Employees will be required to obtain a copy of their driving record from the NH state DMV.
3. Employees are required to notify the town of any suspension or revocation of their right to operate a motor vehicle in the state of New Hampshire. They are also required to notify the town if they have been stopped for a DWI violation.
- 4 Each Department will provide a list of employees driving town vehicles and will update it accordingly, to the Newton Town Administrator.

### **IN THE EVENT OF AN ACCIDENT:**

1. When Town vehicles are involved in any incident, bring the vehicle to an immediate stop at a safe location as near to the incident spot as possible. The Department Head or Supervisor must be called at once regardless of the extent of damage to the vehicles or whether or not personal injury has occurred.
2. Set out and or turn on warning devices.
3. Assist injured persons, but DO NOT move if likely to cause further injury.
4. The Town Police Department and or New Hampshire State Police will investigate incidents involving Town vehicles.
5. **The Supervisor will see that all the necessary reports are made and proper action is taken in accordance with rules and regulations.**
6. Emergency personnel should be notified immediately of conditions surrounding the incident and request a police officer and supervisor.

## **SECTION IV – SAFETY POLICIES (CONT.)**

### **MOTOR VEHICLE POLICY – NSC-0309-4 (CONT.)**

#### **IN THE EVENT OF AN ACCIDENT (CONT.)**

7. Give your name, address, employer name and address, vehicle registration number, insurance card and operator's driver's license number to police.
8. Discuss details only with your supervisor, and the investigating police officer.
9. If you have no radio equipment and or phone, stop a passerby and ask him or her to call for help.
10. Secure names and addresses of witnesses or first persons at the scene.
11. If you strike an unattended vehicle and owner cannot be located you **MUST** place your name and the Town's address securely on the vehicle.
12. Protect the vehicle from any further damage
13. An accident report must be completed within five (5) days of the incident.
14. Drivers subject to post incident testing shall remain readily available for such testing. (IE: Sobriety test, Blood test etc...)

#### **General Maintenance of Town Vehicles:**

1. Personnel who have vehicles assigned to them shall be held personally responsible for their condition.
2. When a vehicle breaks down, the operator shall immediately notify the Dept. Head / Supervisor. The dept. Head / Supervisor will instruct the operator in accordance with the rules and regulations.
3. Personnel are responsible for the cleanliness of the vehicle. They shall keep windshields and windows clean so that vision will not be impaired.
4. Proper tire pressure must be maintained.
5. No personal equipment shall be installed on Town vehicles without prior approval from the Department Head.
6. Personnel must not push or tow any vehicle or object with a Town vehicle unless said vehicle is properly equipped for such purpose.
7. No Town vehicle will be allowed to jump a battery with any privately owned vehicle.
8. Smoking is not permitted in any town vehicle.

## **MOTOR VEHICLE POLICY – NSC-0309-4 (CONT.)**

### **SECTION IV – SAFETY POLICIES (CONT.)**

#### **Physical Safety of Town Vehicles:**

Except in emergencies, personnel are forbidden to leave vehicles unlocked when they contain Town property or other valuables.

#### **Contractor Requirements:**

1. Contractors working for the Town of Newton are required to have a Certificate of Insurance / liability and are required to follow the policy procedures for vehicle operation as required by the policies of the Town of Newton, NH.
2. Before vehicle is operated, the contractor must:
  - a. Display on each vehicle a current Safety Inspection sticker from the state in which the vehicle is registered.
  - b. Drive according to road conditions.
  - c. Follow all safety precautions.

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **DISCIPLINARY POLICY - NSC- 0309-5**

As a condition of employment, all employees are required to participate actively in department safety programs and follow safety regulations in the interest of on-the-job accident prevention. Willful disregard of safety practices, department rules, instructions, or the welfare of a fellow employee has no place in the workplace. This kind of behavior may lead to injuries, damage to equipment and/or poor productivity.

Disciplinary actions up to and including termination of employment will be taken in those cases where it is determined that disregard for safety practices has occurred. In the event that progressive discipline is appropriate, the following format will be followed.

- First offense: Oral warning with review of policy
- Second offense: Written warning with re-training of policy
- Third offense: Suspension
- Fourth offense: Termination of employment

### **DISCIPLINARY PROCEDURES**

The following procedure establishes the Town's disciplinary process. Discipline may be initiated at any step of the process depending on the seriousness of the offense. In all cases, the rule, policy or procedure that was violated will be reviewed with the employee in order to reinforce understanding of the behavior expected. (*See forms attached*)

#### **VERBAL WARNING**

Any infraction of the rules, policies, or procedures will warrant a verbal warning from the employee's immediate Department Head / Supervisor. In giving the warning the supervisor must inform the employee of the specific nature of the violation, remedial actions, and the consequences of further violations, which may include but not be limited to a written warning, suspension and/or discharge.

The department heads / supervisors will keep a written record of all verbal warnings issued. This record will be placed in the employee's personnel file.

#### **WRITTEN WARNING**

Any subsequent or serious violation of the rules, policies, or procedures of the organization may result in a written warning. A written warning is a more serious form of discipline and is specifically designed to alert the employee to the seriousness of the violation and potential action for further violation of the policies, procedures and rules. The employee will be asked to sign the warning to acknowledge receipt and understanding of the contents.

#### **SUSPENSION**

Any subsequent or serious violation of the rules, policies, or procedures of the organization may result in the suspension of the employee. The Department Head / Supervisor may suspend the employee effective immediately. The Dept. Head / Supervisor will notify the next level of authority, in writing, of the suspension.

#### **TERMINATION**

Employees may be terminated from employment for a single serious violation of the rules, policies, or procedures, and/or for repeated violations of the rules, policies, or procedures. The employee shall be advised in writing of the recommendation to terminate.

#### **SECTION IV – SAFETY POLICIES (CONT.):**

##### **DISCIPLINARY POLICY – NSC- 0309-5 (CONT.)**

The employee's Department Head must provide the Board of Selectmen and *JLMC* with written recommendation for the termination of an employee. The Board of Selectmen shall take action regarding the recommendation within fourteen (7) calendar days of its receipt.

In the case of a written warning, suspension, or termination, the employee will be given the opportunity to explain his/her actions prior to the imposition of the discipline.

An employee need not have been suspended for any previous violations before being terminated.

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **LOCK OUT, TAG OUT POLICY: (NSC-0309-6)**

#### **AFFECTED EMPLOYEES:**

"Affected" employees are employees whose job requires them to operate or use equipment on which servicing or maintenance is being performed under lockout / tag out, or whose job requires them to work in an area in which such servicing or maintenance is being performed; such as machine operators, etc.

Any employee whose work is in an area where energy control procedures are in use must **NOT** attempt to restart or re-energize any machine or piece of equipment that is locked out.

The following is a listing of the locations of electrical panels and boilers in town owned buildings:

<b><u>BUILDING</u></b>	<b><u>ELECTRIC PANEL</u></b>	<b><u>BOILER</u></b>
Town Hall	Closet – Town Clerk’s Office 1 <sup>st</sup> Fl. Waiting Area East Wall 2 <sup>nd</sup> Fl. Planning Board Office 2 <sup>nd</sup> Fl. Outside Cable Room	1 <sup>st</sup> Floor S.E. Corner .
Police Station	Utility Room East Wall	Utility Rm.
Fire Station	North Wall @ Entry Door North Wall by Engine #1 2 <sup>nd</sup> Floor Radio Room	1 <sup>st</sup> Floor Engine #1 Area
Gale Library	Basement & 2 <sup>nd</sup> Fl Closet	Basement
Transfer Station	“Bunker” Building	None
Greenie Park Field House	Equipment Room	None
Marshall House	Basement East Wall	None

#### **I. LOCK OUT PROCEDURE:**

This policy addresses the practices and procedures that are necessary to disable machinery or equipment and to prevent the release of potentially hazardous energy while maintenance and servicing activities are being performed.

Since the Town contracts out the repairs to the electrical panel and boilers, a lock out, tag out procedure will be posted by each piece of equipment for the contractor to follow.

Electrical equipment shall be effectively disconnected, and disconnected switches locked in the "off position prior to making repairs, adjustments, lubricating, cleaning, or performing any work where there is a danger of being injured from contact with live parts, or from equipment activation.

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **LOCK OUT, TAG OUT POLICY: (NSC-0309-6)**

#### **I. LOCK OUT PROCEDURE: (CONT.)**

1. All stored energy hazards produced by mechanical means, such as hydraulic pressure, pneumatic pressure, steam pressure, vacuum, and electricity shall be released, locked-out, or otherwise rendered non-hazardous prior to commencement of any work which could subject the employee to potential injury.
2. Padlocks shall be made available to employees for the purpose of locking-out equipment when required.
3. Only the individual who is working on the equipment shall be allowed to remove the lockout device.

#### **II. TAG OUT PROCEDURE:**

When a machine or equipment is NOT capable of being locked out, a tag out device shall be used.

1. Tags are only warning devices. They do NOT provide the physical restraint provided by a lock.
2. When a tag is attached, it is NOT to be removed without authorization of the authorized person responsible for it.
3. When a tag is attached, it is never to be bypassed, ignored, or defeated.
4. Tags must be legible and understandable by all employees in the area, in order to be effective.
5. Tags and their means of attachment must be made to withstand their environment in the workplace.
6. Tags may evoke a false sense of security. Their meaning needs to be understood.
7. Tags must be securely attached to energy isolating devices so that they cannot be inadvertently or accidentally detached during use.

#### **III. Hand Held Equipment IE: Weed Trimmer, Mowers, Hedge Trimmer, Chain Saw etc.:**

1. Be sure the switch is in the "off" position.
2. Remove spark plug wire.
3. Perform any required repairs.
4. After repairs are done, reinstall spark plug wire.
6. Equipment is now ready for operation.



## **SECTION IV – SAFETY POLICIES (CONT.):**

### **LOCK OUT, TAG OUT POLICY (CONT.): (NSC-0309-6)**

#### **IV. OUTSIDE CONTRACTORS:**

The policy for outside contractors performing maintenance that requires lockout/tag out procedures shall be as follows:

1. The contractor will submit a copy of their lockout/tag out procedure.
2. The procedure must meet or exceed OSHA (Occupational Safety and Health Administration) standards.
3. The contractor is to be given a copy of the Lockout / Tag Out policy-NSC-0309-6 for review.
4. In the event that a contractor's employee encounters another contractor's lockout/tag out device, which prevents the continuation of work, he or she is not to make an attempt to remove, tamper with, or bypass this lockout / tag out device.
5. The contractor's employee should contact the other contractor to make arrangements to have the lockout/tag out device removed by the authorized person who installed it
6. In the event that a contractor's employee encounters another contractor's lockout/tag out device, which prevents the continuation of work, he or she is not to make an attempt to remove, tamper with, or bypass this lockout / tag out device.
7. The contractor's employee should contact the other contractor to make arrangements to have the lockout/tag out device removed by the authorized person who installed it.

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **HAZARDOUS MATERIALS COMMUNICATION & TRAINING POLICY NSC-0309-7:**

#### **TRAINING POLICY:**

##### **I. Why the need for training?**

The worker has a "right to know" about the hazards of the chemicals they use in he workplace.

##### **II. The policy requires the following:**

- A. An SDS for each product commonly used at each site, and a listing of the products
- B. Labeling of containers
- C. Hazard communication training to all employees
- D. Basic Training will be conducted by the Deputy for Emergency Management

##### **III. The Policy Purpose:**

To ensure that the hazards of all chemicals produced or purchased are evaluated, and the information is transmitted to employers and employees via training and SDS.

All employees who are working with hazardous chemicals will be trained at the time of initial assignment, reassignment, and when changes are made to products or hazards.

##### **IV. Hazardous Communication Training Program Includes:**

- 1. An explanation of the hazard communication standard and the chemical substance identification law.
- 2. The location and availability of the written hazard communication plan and related documents.
- 3. Explanation of toxicological principles and terms.
- 4. Explanation of how to read an SDS sheet.
- 5. Procedures for obtaining an SDS sheet.
- 6. Operations where hazardous chemicals are present.
- 7. Safety awareness.
- 8. Employees Rights
- 9. Question and Answer Period

## **HAZARDOUS MATERIALS COMMUNICATION & TRAINING POLICY NSC-0309-7:**

### **SECTION IV – SAFETY POLICIES (CONT.):**

#### **BASIC HAZARDOUS MATERIAL SAFETY TRAINING INFORMATION**

1. All Employees should be aware that all chemical products may be potentially harmful or dangerous if improperly mixed or applied or when used without protective equipment or in a manner not consistent with the manufacturers guidelines. Many commonly used products not commonly regarded as "hazardous" are, in fact, chemicals and can cause injury if not properly used. Extreme care should be used at all times by personnel who are working with acids, caustics, solvents, pesticides, toxic, petroleum based or other chemical products (specific rules for certain activities and/or use of specific chemicals are provided in departmental safety policies and procedures).
2. Material Safety Data Sheets (MSDS) will be obtained from the manufacturer or supplier for all hazardous chemical products used by the town.
3. The MSDS will be kept in the appropriate departments and made available to Employees on request.
4. Always consult the MSDS before working with a new product. The MSDS provides information on the product such as: the physical and health hazards, proper handling methods, spill cleanup data, fire fighting information and required protective equipment.
5. Never mix chemical products unless it's safe to do so. Many common products are incompatible or become unstable when mixed. Consult the MSDS or ask a knowledgeable superior.
6. First aid information is provided on the MSDS. Take the SDS and/or product label with you to the doctor or hospital if you suffer an injury or illness due to contact with or exposure to a chemical.
7. All containers of chemicals must be labeled.
8. When using small quantities of a chemical, use the entire chemical or return it to the original container.
9. Never leave any quantity of hazardous material in an unlabeled or improper container.
10. No food or drink shall be allowed in areas where potentially toxic or harmful chemicals are stored, mixed, or otherwise handled.
11. Caution should be used to avoid spills or splashes when handling chemicals. Spilled chemicals should be cleaned up and properly disposed of immediately.
12. Wash hands frequently.
13. Wear protective clothing, respiratory protection, rubber gloves, and protective goggles and face shield when required. The safe way to handle chemicals is as if they are all dangerous.
14. Ensure adequate ventilation. Do not use chemicals, which release toxic, noxious, or harmful vapors or fumes in a confined space or an area, which is not adequately ventilated.
15. Keep fire and flames away from flammable materials. Smoke only in authorized areas.

## **HAZARDOUS MATERIALS COMMUNICATION & TRAINING POLICY NSC-0309-7:**

### **SECTION IV – SAFETY POLICIES (CONT.):**

#### **BASIC HAZARDOUS MATERIAL SAFETY TRAINING INFORMATION (CONT.)**

16. In case of a chemical fire, use only the correct extinguishing agent. Be aware of noxious or toxic fumes. If a fire cannot be safely and quickly extinguished, notify the Fire Department and leave the area.
17. If you are exposed to a chemical product, take immediate first aid precautions and seek medical assistance. First aid information is provided on the MSDS. Take the SDS and/or product label with you to the doctor or hospital.
18. If acid or caustic materials come in contact with the eyes or skin, flush immediately with large amounts of water. Get medical attention for any eye injury.

#### **LABELING CONTAINERS:**

##### **Labels and Emergencies**

##### **I. Labels**

###### **A. Manufacturers labels must contain:**

1. The name of the chemical
2. The address of manufacturer, importer, or other responsible party
3. Appropriate hazard warnings

###### **B. Employer must ensure each container is marked with:**

1. The name of the chemical
2. Appropriate hazard warnings

###### **C. You may use signs, process sheets, or operating procedures on stationary process vessels.**

###### **D. Secondary containers:**

1. All secondary containers must be labeled with same information as shown on original container as well as the date of transfer
- 2 Report any unmarked container so it can be labeled

##### **E. Labels**

###### **1. Hazardous Material Identification System (HMIS)**

- a) Health
- b) Flammability
- c) Reactivity
- d) Personal Protective Equipment

###### **2 Scale of 0 to 4 - 0 is the least hazardous - 4 is the st hazardous**

## SDS INFORMATION

Master files of MSDS (Material Safety Data Sheets) are kept in the Town Hall and Central Fire Station and are available to all employees during normal working hours.

Personal copies of MSDS are available to employees and employee representatives upon written request.

Employers shall have a material safety data sheet for each hazardous chemical that they use.

### **SEE ADDENDUM “A” FOR SDS EXAMPLE**

#### **1. SECTIONS**

##### Heading:

1. Manufacturer's Name, Address & Telephone
2. Trade & Common Name
3. Use
4. EPA Registration number

Section	I	–	Hazardous	Ingredients
1. Ingredient name				
2. % by weight				
3. Current TLV				

##### Section II – Physical Data

1. Color, odor, appearance
2. Specific gravity - water = 1 - Is it heavier or lighter than water? Will it sink or float in water?
3. Vapor density - air = 1 - Is it heavier or lighter than air? Will the vapors collect at the ceiling or the floor?

##### Section III – Fire & Explosion Data

- 1 Flashpoint - the temperature at which the chemical gives off enough vapor to ignite.
2. Flammable - ignites below 100 degrees
3. Combustible - ignites at or above 100 degrees
- 4 Type of extinguisher to use and firefighting precaution
5. May also list flammable range, hazardous products of decomposition, or unusual fire or explosion hazards.

##### Section IV - Reactivity Hazard Data

1. Incompatibilities – What shouldn't be mixed with what
2. Stability – Will it react with light, water or other chemicals

##### Section V – Toxicity Data

- Lists all harmful ingredients

## **HAZARDOUS MATERIALS COMMUNICATION & TRAINING POLICY NSC-0309-7:**

### **SECTION IV – SAFETY POLICIES (CONT.):**

#### **SDS INFORMATION (CONT.)**

- Exposure limits:
  - (a) PEL - Permissible Exposure Limit - The amount of a substance that employees can be exposed to. PELs are the OSHA enforceable limits.
  - (b) TLV - Threshold Limit Value - The amount of a substance that employees can be exposed to. The American Conference of Governmental Industrial Hygienists (ACGIH) establishes TLVs; they may not always be the same as OSHA limits.
  - (c) 8- TWA - Eight-hour time weighted average. The amount of exposure averaged over an 8-hour period. For example, 50-PPM 8- TWA means • that the employee can be exposed to an average of 50 ppm over an 8-hour shift.
  - (d) C-Ceiling, - the amount that should not be exceeded, even momentarily. For example, 50 ppm c means that the level employees are exposed to must not go above 50 ppm.

#### **Section VI – Health Hazards**

1. Symptoms of overexposure, for example rash, dizziness, headaches
2. Appropriate first aid, for example, flushing eyes and skin for 15 minutes

#### **Section VI – Health Hazards (Cont.)**

3. May list medical problems that can be made worse by exposure
4. Target organs, for example, eyes, kidneys, lungs
5. Route of entry, for example, inhalation, ingestion, skin absorption, skin or eye contact

#### **Section VII – Control and Protective Measures**

1. Protective Equipment Required
2. Nat'l. Fire Protective Ratings
3. Hazardous Materials Information Ratings

#### **Section VIII – Spill or Leak Procedures**

1. How to clean it up
2. Personal protective equipment needed for clean-up

#### **Section VIII - Special Protection**

1. Personal protective equipment needed, for example, goggles, gloves, aprons, respirators etc.
2. Ventilation needs

#### **Section IX – Special Precautions and Storage Data**

1. Storage Temperature
2. Average Shelf Life
3. Special Sensitivity
4. Precautions to be taken in Handling and Storage

## **HAZARDOUS MATERIALS COMMUNICATION & TRAINING POLICY NSC-0309-7:**

### **SECTION IV – SAFETY POLICIES (CONT.):**

#### **MSDS INFORMATION (CONT.)**

##### **Section X – Shipping Data**

1. DOT Shipping Name
2. DOT Hazard Classification
3. DOT Labels Required
4. Freight Classification

#### **TERMINOLOGY:**

### **WHAT IS A HAZARD?**

#### **A. Health Hazards (Cause illness or injury)**

1. Carcinogen - causes cancer in test animals and/or humans (includes potential carcinogens)
2. Corrosives - causes visible destruction of, or irreversible changes in living tissue by chemical action at the site of contact.
3. Damages mucous membranes - for example, eyes, nose, throat,- will be listed on label under target organs.
4. Damages vital organs - for example, lungs, heart, and kidney - will be listed on label under target organs.
5. Irritants - causes reversible inflammatory effect on living tissue at site of contact.
6. Reproductive toxins - can adversely affect the reproductive system of both men and women - may impair the ability to have children.
7. Sensitizers - causes an allergic reaction - severity of reaction increases with repeated exposure.
8. Toxic - can cause short or long term injury to humans or can cause disease in humans under certain conditions.

#### **B. Physical Hazards (Fire, Explosion)**

1. Compressed gas - gas or mixture of gasses in a container with an absolute pressure of 40 psi at 70 degrees F.
2. Flammable - liquid having a flashpoint of 100 degrees F or lower.
3. Oxidizers - initiates or promotes combustion in other materials.
4. Explosives - causes a sudden release of pressure, gas, and heat when exposed to sudden shock, pressure, or high temperature.
5. Reactive - decomposition or other unwanted chemical change during normal handling.
6. Water-reactive - reacts with water to release a gas that is either flammable or presents a health hazard.

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **HAZARDOUS MATERIALS COMMUNICATION & TRAINING POLICY NSC-0309-7:**

#### **C. Routes of Entry**

- 1, Inhalation - breathe it in,
2. Skin absorption - passes directly through the skin into the blood stream.
3. Ingestion - taken in by mouth (if you have a chemical on your hands then eat something you have touched, you have ingested it.)
- 4, Skin or eye contact - causes damage to eyes or skin on contact.



RESERVED FOR  
SDS  
EXAMPLE

## **SECTION IV – SAFETY POLICIES (CONT.)**

### **HAZARDOUS MATERIALS COMMUNICATION & TRAINING POLICY NSC-0309-7:**

#### **CONTRACTOR’S SAFETY TRAINING**

The Town of Newton contracts out all work through the Selectmen’s Bid Policy. The contractor is required, before any work is started, to submit to the Selectmen’s Office an SDS for any chemicals that will be used to perform the scheduled work, to the Selectmen’s Office.

1. The contractor is allowed to view any SDS that is on file in the town hall.
2. The contractor is required to sign a form stating that he/she has received and read the town’s Hazardous Communications Program.
3. The Town of Newton is informing you that hazardous chemicals are used and stored at our facility. Please read the information below and sign that you have read and understand it
4. Safety Data Sheets
5. Facility specific SDS are kept in the Selectmen's Office and are accessible during all working hours. Copies of SDS are available to contract employees, their representatives, and medical providers upon written request.
6. The Town of Newton teaches the HMIS (Hazardous Material Identification System) labeling system. This system rates the health, flammability, and reactivity hazards of a chemical on a scale of zero to four (0-4); zero means minimal hazard and four means severe hazard. Required personal protective equipment is also listed. All containers will have the required information on the original label, the HMIS label, or a combination of the two.

#### **PRECAUTIONARY MEASURES:**

The person in Charge will review specific precautionary measures for normal operations and foreseeable emergencies. Emergency alarms and evacuation routes will also be reviewed.

If evacuation is necessary, the contract employee rally point is on the front lawn of the Town Hall. The person in charge is responsible for taking and reporting the head count. You must report to your designated rally point and may not leave until dismissed by your project manager.

#### **PROCEDURES FOR BRINGING CHEMICALS INTO THE BUILDING.**

- o All chemical SDS must be submitted to the Selectmen's Office for approval, ten days before they are brought into the facility.
- o All chemical brought in the facility is subject to all the provisions of the Town of Newton Hazard Communication Program. This includes sample and trial chemicals.
- o The contracted company is responsible for providing MSDS requested documentation to the Selectmen’s Office.
- o The Town of Newton Hazard Communication Program is available for review at of the Selectmen’s Office.

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **WORKPLACE VIOLENCE PREVENTION POLICY - NSC- 1012-08**

#### **PURPOSE:**

The Town of Newton maintains a zero tolerance standard of violence in the workplace. that will maintain an environment at and within Town property and Town events that is free of violence and the threat of violence.

#### **POLICY:**

Violent behavior of any kind or threats of violence, either implied or direct, are prohibited at Town of Newton properties and sponsored events. Such conduct by a Newton employee or elected official will not be tolerated. An employee who exhibits violent behavior may be subject to criminal prosecution and shall be subject to disciplinary action up to and including immediate dismissal.

Violent threats or actions by a non-employee or member of the public may result in criminal prosecution or an administrative review / hearing with the Board of Selectmen. The Town of Newton will investigate all complaints filed and will also investigate any possible violation of this policy of which we are made aware. Retaliation against a person who makes a complaint regarding violent behavior or threats of violence made to him/her is also prohibited.

#### **DEFINITIONS:**

Workplace Violence: Behavior in which an employee, former employee or visitor to a workplace inflicts or threatens to inflict damage to property, serious harm, injury or death to others at the workplace.

Threat: The implication or expression of intent to inflict physical harm or actions that a reasonable person would interpret as a threat to physical safety or property.

Intimidation: Making others afraid or fearful through threatening behavior.

Zero-tolerance: A standard that establishes that any behavior, implied or actual, that violates the policy will not be tolerated.

#### **PROHIBITED BEHAVIOR:**

Violence in the workplace may include, but is not limited to the following list of prohibited behaviors directed at or by a co-worker, supervisor or member of the public:

1. Direct threats or physical intimidation
2. Implications or suggestions of violence
3. Stalking
4. Assault of any form
5. Physical restraint, confinement

## **WORKPLACE VIOLENCE PREVENTION POLICY - NSC- 1012-08 (Cont.)**

### **PROHIBITED BEHAVIOR (Cont.):**

6. Dangerous or threatening horseplay
7. Loud, disruptive or angry behavior or language that is clearly not part of the typical work environment
8. Blatant or intentional disregard for the safety or well-being of others
9. Commission of a violent felony or misdemeanor on Town property
10. Any other act that a reasonable person would perceive as constituting a threat of violence

### **REPORTING ACTS OR THREATS OF VIOLENCE:**

An employee who:

1. Is the victim of violence, or
2. Believes they have been threatened with violence, or
3. Witnesses an act or threat of violence towards anyone else shall take the following steps:
  - If an emergency exists and the situation is one of immediate danger, the employee shall contact the local police officials by dialing 9-1-1, and may take whatever emergency steps are available and appropriate to protect himself/herself from immediate harm, such as leaving the area
  - If the situation is not one of immediate danger, the employee shall report the incident to the appropriate supervisor or manager as soon as possible and complete the Town Workplace Violence Incident Report Form

An employee who is not:

1. In immediate danger but would like to speak with a Legal Representative or a Counselor may:
  - Contact: Life Resources – Member Assistance Program at 800-759-8122.  
(They are available 24 hours per day / 7 days per week. All calls are confidential)

This Employee Assistance Program (E.A.P.) includes,

- Consultation
- Information & Referrals and Supportive Counseling
- Substance Abuse Professional Evaluations
- Critical Incident Stress Debriefing
- Work/Life Educational Handouts
- Maintain confidentiality of all EAP records

They also provide a resource for possible resolution of these problems, without supervisors becoming directly involved in an employee's personal affairs.

### **INCIDENT INVESTIGATION:**

Acts of violence or threats will be investigated immediately in order to protect employees from danger, unnecessary anxiety concerning their welfare, and the loss of productivity. The town employee's Department Head will cause to be initiated an investigation into potential violation of work rules/policies. Simultaneously, the Department Head will refer the matter to local police for their review of potential violation of civil and/or criminal law.

## **WORKPLACE VIOLENCE PREVENTION POLICY - NSC- 1012-08 (Cont.)**

Procedures for investigating incidents of workplace violence include:

- Visiting the scene of an incident as soon as possible
- Interviewing injured and threatened employees and witnesses
- Examining the workplace for security risk factors associated with the incident, including any reports of inappropriate behavior by the perpetrator
- Determining the cause of the incident
- Taking mitigating action to prevent the incident from recurring. – Recording the findings and mitigating actions taken

In appropriate circumstances, the Town will inform the reporting individual of the results of the investigation. To the extent possible, the Town will maintain the confidentiality of the reporting employee and the investigation but may need to disclose results in appropriate circumstances; for example, in order to protect individual safety. The Town of Newton will not tolerate retaliation against any employee who reports workplace violence.

### **TRAINING AND INSTRUCTION:**

The Town of Newton shall be responsible for ensuring that all employees, including managers, supervisors etc., are provided training and instruction on general workplace security practices. Department Heads shall be responsible for ensuring that all employees, including managers and supervisors, are provided training and instructions on job specific workplace security practices.

Training and instruction shall be provided as follows:

- To all current employees when the policy is first implemented
- To all newly hired employees, supervisors and department heads, or employees given new job assignments for which specific workplace security training for that job assignment has not previously been provided
- To affected employees whenever the Town is made aware of a new or previously unrecognized hazard

Workplace security training and instruction includes, but is not limited to, the following:

- Preventive measures to reduce the threat of workplace violence, including procedures for reporting workplace security hazards
- Methods to diffuse hostile or threatening situations
- Explanation of this Workplace Violence Prevention Policy

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **ANTI BULLYING POLICY - NSC- 0414-09**

#### **PURPOSE:**

The Town of Newton, NH recognizes that all town property must be physically and emotionally safe and secure for all officials, employees and the public. The Town of Newton prohibits acts of bullying, and other forms of aggression and violence.

The scope of this policy includes the prohibition of every form of bullying, and cyberbullying. This also includes bullying that violates other established town policies including but not limited to sexual harassment and anti-discrimination.

Bullying, like other forms of aggressive and violent behaviors, interferes with the function of conducting town business. All town officials, employees, volunteers, and the public, when on town property, are expected to refuse to tolerate bullying and to demonstrate behavior that is respectful and civil.

#### **POLICY:**

Bullying, either implied or direct, is prohibited at Town of Newton properties and sponsored events. Such conduct by a Newton employee, volunteer, elected official or a member of the public will not be tolerated. Anyone who exhibits violent behavior may be subject to criminal prosecution and employees shall be subject to disciplinary action up to and including immediate dismissal.

Bullying by elected officials or employees may result in criminal prosecution or an administrative review / hearing with the Board of Selectmen. The Town of Newton Department Heads will investigate all complaints filed and will also investigate any possible violation of this policy of which they are made aware. Retaliation against a person who makes a complaint regarding violent behavior or threats of violence made to him/her is also prohibited.

#### **DEFINITIONS:**

"Bullying" means a single significant incident or a pattern of incidents involving a written, verbal, or electronic communication, or a physical act or gesture, or any combination thereof, directed at another person which:

- (1) Physically harms a person or damages the person's property;
- (2) Causes emotional distress to a person;
- (3) Interferes with a person's participation or opportunity to participate in or benefit from the Town's programs or activities;
- (4) Creates a hostile work environment; or
- (5) Substantially disrupts the orderly operation of the Town's business.

#### **REPORTING ACTS OF "BULLYING":**

Any person who is the target of bullying or has witnessed such an incident is strongly encouraged to report the matter in writing to their department head or the Town Administrator. Any person aware of retaliation against anyone who has reported an infraction of this policy should also file a written report with their department head or the Town Administrator.

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **ANTI BULLYING - NSC- 0414-09 (Cont.)**

#### **INCIDENT INVESTIGATION:**

Reported acts of “Bullying” will be investigated immediately.

In appropriate circumstances, the Town will inform the reporting individual of the results of the employee and the investigation but may need to disclose results in appropriate circumstances; for example, in order to protect individual safety. The Town of Newton will not tolerate retaliation against any employee who reports workplace violence.

#### **TRAINING / INSTRUCTION:**

The Town of Newton shall be responsible for ensuring that all elected officials, employees, including managers, supervisors, and volunteers etc., are provided training and instruction on general workplace behavior. Department Heads shall be responsible for ensuring this training is provided.

Training / instruction shall be provided to all current employees when the policy is first implemented and to all newly hired employees or elected officials.

**Newton *JLMC* Form – “I” will be used for incident reporting.**

## **SECTION IV – TOWN OF NEWTON, NH SAFETY POLICIES: (Cont.)**

### **SLIPS, TRIPS AND FALL PREVENTION - NSC 0516-11**

#### **I -PURPOSE:**

The purpose of this policy is to provide information and guidance on the management of slip, trip and fall risks. This policy details particular measures for the management of factors leading to slips, trips and falls. Slips and trips resulting in falls are a common cause of injuries. Planning and pro-active management together with good housekeeping can dramatically reduce these accidents.

#### **II - DEFINITIONS:**

A “fall” is an event which results in an individual or a body part of the individual coming to rest inadvertently on the ground or other surface lower than the individual, whether or not an injury is sustained.

A “slip” is a slide accidentally causing the individual to lose their balance, this is either corrected or causes an individual to fall.

A “trip” is to stumble accidentally often over an obstacle causing an individual to lose their balance, this is either corrected or causes an individual to fall.

#### **III - PROCEDURES:**

It is the policy of the Town of Newton that its employees will be required to monitor, report, and whenever reasonably possible, correct conditions that have, or are likely to cause a slip, trip, or fall related event.

1. A Slip, Trip, and Fall Log shall be maintained by each department.
2. Unsafe condition shall be reported to the appropriate contact for that department immediately for corrective action. If the conditions present an immediate threat to the safety of employees or the public the employee will take reasonable steps to prevent injuries until the appropriate personnel arrive.
3. Employees performing their duties in inclement weather condition shall wear proper footwear for said conditions and follow the manufacturer’s guidelines set forth for said footwear.
4. Sidewalks, parking lots, stairs, and other areas that employees and the public utilize shall be properly maintained to ensure that no hazards that would contribute to a slip, trip, or fall exist.
5. Interior hallways, stairs, floors, and other areas of foot travel shall be clear of obstructions such as boxes, power cords, frayed carpeting, or weathered matting. Proper signage shall be use to signal wet floors or hazardous conditions which could contribute to a slip, trip, or fall.

#### **IV – REPORTING:**

All slip, trip, and fall related incidents / injuries will be documented in *slip, trip, and fall log. (form “L”)* Each incident and the log itself will be reviewed by appropriate department head and the Safety & Loss Management Committee.

### **WORKERS' COMPENSATION TEMPORARY ALTERNATIVE DUTY**

#### **I. Policy**

In compliance with RSA 281-A:23-b, the Town of Newton (hereinafter "Town") will provide temporary alternative/transitional work opportunities to all employees temporarily disabled by a work-related injury or illness.



## **SECTION IV – TOWN OF NEWTON, NH SAFETY POLICIES: (Cont.)**

### **TEMPORARY ALTERNATE DUTY - NSC 0516-12**

#### **II. Purpose**

The town adopts the principle that it is important to provide meaningful work during the time of healing following a Town work-related illness or injury in order to assist employees in their transition back to full duty.

#### **III. Procedure**

The Temporary Alternative Work Program will be available to employees for a period of time extending as long as the circumstances of the illness/injury requires, but not longer than three (3) months, as dictated by the treating physician and as such duties are available.

The program is not intended to address those situations in which an employee has been deemed permanently disabled and unable to resume his or her previous position.

- A. A Town work related ill/injured employee will be responsible to obtain a New Hampshire Workers' compensation Task Analysis and a copy of his/her current position when reporting the injury. Forms may be obtained from the Selectmen's office. If the nature of the injury or illness is such that emergency need for care precludes obtaining the above forms, then the employee shall, as soon as possible, call the Town Administrator to request that an analysis and position description be mailed to the employee or his/her treating physician.
- B. The treating physician and the ill/injured employee will share the responsibility of providing the Town the NH Workers' Compensation Medical Form. This form provides information relating to the employee's capabilities necessary to structure a temporary duty program.
- C. The Town Administrator and department head will work with the employee to facilitate a safe return to work program within limitations listed by the treating physician. If necessary, the Selectmen or department head may contact the treating physician for additional information.
- D. After each subsequent visit, the ill/injured employee will be responsible for providing an updated medical form completed by the treating physician and returned to the Town Administrator.
- E. Additional modifications will be made to the return to work program as required. The Selectmen will be responsible for reviewing the appropriateness of continuing the program beyond three (3) months, as necessary.

## **SECTION IV – TOWN OF NEWTON, NH SAFETY POLICIES: (Cont.)**

### **TEMPORARY ALTERNATE DUTY - NSC 0516-12 (Cont.)**

- F. Upon release by the treating physician, the employee will assume normal duties of his or her regular position.

#### **IV. Positions within the Town**

An outline of each position that details the present requirements and the essential functions of each job within the Town is located in the Selectmen's office.

#### **V. Summary**

A notice summarizing all employees' rights shall be posted where appropriate for inspection by all employees.

The provisions of this policy are intended to comply with RSA 281-A:23- b. To the extent that this policy is ambiguous or contradicts the RSA or NH Department of Labor ("DOL") Regulations, the language of the RSA or DOL regulations will prevail.

## **SECTION IV – TOWN OF NEWTON, NH SAFETY POLICIES: (Cont.)**

### **JLMC CORRECTIVE ACTION RECOMMENDATIONS - NSC 0516-13**

The Workers' Compensation Statute requires the Town of Newton to respond to recommendations made by the Joint Loss Management Committee (JLMC). A verbal response that is recorded in the committee's official minutes qualifies as a response.

The committee will present their recommendations to the B.O.S. on Form "M". Additional sheets can be used for sketches, additional supporting material, etc.

The B.O.S. will provide written responses on the aforementioned form and return it to the committee.

#### **GUIDELINES:**

- Keep the recommendations concise and action oriented.
- If the issue required immediate action and was completed, state that on the form.
- The form is designed to be brief. Do not create excess work.
- Once completed, the form should be kept as a record of action taken.
- The committee shall take responsibility for following up on uncompleted recommendations.

## **SECTION IV – TOWN OF NEWTON, NH SAFETY POLICIES:**

### **CHAINS, CABLES, ROPES & HOOKS – NSC 0616-16**

#### **1. Purpose**

- To protect employees from the hazards associated with damaged or improperly used chains, cables, ropes and hooks.
- To ensure compliance with New Hampshire Department of Labor Standards.

#### **2. Responsibilities**

- Employer shall:
  1. Ensure that all damaged chains, cables, ropes, and hooks are replaced upon discovery of damage or wear.
  2. Ensure that employees are trained to recognize worn and damaged chains, cables, ropes, and hooks according to manufacturer's guidelines.
- Employee/Competent Person shall:
  1. Visually inspect chains, cables, ropes, and hooks prior to use.
  2. Remove from service any chain, cable rope or hook meeting criteria in section 3 (inspection criteria).
  3. Install any U-bolt wire rope clips in accordance with manufacturer's guidelines.

#### **3. Procedural Overview**

- Chain, Cable, Rope and Hook Inspection Criteria-
  1. Must be visually inspected, before use for deformation, cracks, excessive wear, twists and stretch and defective gears.
  2. Remove from service any equipment meeting the above criteria for disposal or repair.
- Crawler, Locomotive and Truck Crane Hoist Rope Provisions-
  1. Must be free of kinks or twists.
  2. Must not be wrapped around the load.
- U-bolt provisions-
  1. U-bolt wire rope clips on hoist ropes must be installed so that the U-bolt is in contact with the short or no-load-carrying end of the rope. The saddle portion of the bolts shall be on the load-carrying end.
  2. U-bolts must be installed according to manufacturer's guidelines.
  3. Nuts on newly installed clips shall be retightened after the first hour of use.

## **SECTION IV – TOWN OF NEWTON, NH SAFETY POLICIES:**

### **COMPRESSED AIR USE – NSC 0616-17**

#### **1. Purpose**

- To protect employees from the hazards associated with use of compressed air for cleaning purposes.
- To ensure compliance with New Hampshire Department of Labor Standards

#### **2. Scope**

- This policy does not apply to concrete form or mill scale, or to areas where compressed air is used in fixed processes, such as attached to a machine.

#### **3. Responsibilities**

- Employer:
  1. Shall equip all processes involving compressed air for cleaning use with *chip guards* to protect employees against flying chips or other such hazards.
  2. Shall ensure that *compressed air* used for cleaning does not exceed 30 psi.
- Employee:
  1. Shall not perform any operation or process involving compressed air for cleaning use without the use of a chip guard in place.
  2. Shall not remove a chip guard from machinery unless authorized to do so.
  3. Shall not use compressed air for cleaning at pressures higher than 30 psi.

#### **4. Personal Protective Equipment**

- Personal Protective Equipment typically required for use with compressed air includes but may not be limited to:
  1. Safety Glasses/Goggles
  2. Hearing Protection (Muffs or Plugs)
- Cylinder use in welding:
  1. Set up cylinder(s) in an upright and secure position far enough away from the actual welding or cutting operation or protected by a fire resistant barrier so the sparks, hot slag, or flame will not reach them. When this is impractical, fire resistant shields must be used.
  2. Turn cylinder valve to “open” position.
  3. Perform welding or cutting operation.
  4. Turn cylinder valve to “closed” position.
  5. Store cylinder(s) in a secure and upright operation.

## **SECTION IV – TOWN OF NEWTON, NH SAFETY POLICIES:**

### **AIR TOOLS / PNEUMATIC POWER TOOLS – NSC 0616-19**

#### **1. Purpose**

- To protect employees from hazards associated with the use of air and portable pneumatic powered tools.
- To ensure compliance with New Hampshire Department of Labor Standards.

#### **2. Responsibilities**

- Employer shall:
  1. Ensure that all pneumatic powered tools are equipped with safety guards to prevent accidental disconnection of tools from their air supply.
  2. Provide eye protection for all employees engaged in the use of portable pneumatic and air tools.
- Employee shall:
  1. Only use tools that are properly connected to their air supply and secured to the hose or whip with a mechanical conductor.
  2. Only use pneumatic impact tools with safety clips or retainers.
  3. Use all air powered tools at manufacturer's safe operating pressure.
  4. Always wear eye protection when using air powered or pneumatic tools.

#### **3. Procedural Overview**

- Air-powered tool set-up and use-
  1. Put on eye protection.
  2. Check connectors, tools, and hoses for recommended manufacturer operating pressure.
  3. Attach tool to air supply or hose.
  4. Secure safety clips or retainers to prevent attachments from being accidentally expelled.
  5. In the case of a hose exceeding 1/2 inch inside diameter, install a pressure release device at the air source or branch line to reduce pressure in case of hose failure.
  6. Turn on air supply only as high as recommended manufacturer operating pressure.
  7. Perform work task.
  8. Turn off air supply.
  9. Release excess pressure in hose and tool.
  10. Detach tool from hose.

#### **4. Personal Protective Equipment**

- Personal Protective Equipment typically required for this operation but may not be limited to:
  1. Safety glasses or safety goggles.

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **MACHINE GUARDING - NSC- 0616 - 20**

#### **1. Purpose**

- To protect employees from the hazards associated with machine operation.
- To ensure compliance with New Hampshire Department of Labor Standards.

#### **2. Responsibilities**

- Employer shall:
  1. Evaluate all machinery in the workplace to determine if any hazards are present which may endanger or cause injury to employees.
  2. Take necessary measures to guard any machine part, function, or process that may cause injury.
  3. Ensure that machinery designed for use in a fixed location is anchored to prevent walking or moving during normal operation.
- Employee shall:
  1. Operate machinery only when all necessary machine guards are in place and working correctly.
  2. Must not remove any machine guard unless authorized to do so and has appropriately de-energized equipment.
  3. Report all missing and malfunction machine guards to employer immediately upon discovery.

#### **3. Procedural Overview**

- Machine Hazard Evaluation:
  1. All of the following hazardous motions and actions must be safeguarded:
    - a) Rotating (including in-running nip-points);
    - b) Reciprocating;
    - c) Traversing;
    - d) Cutting;
    - e) Punching;
    - f) Shearing; and
    - g) Bending.
- Machine Guard Requirements:
  1. All machine guards shall:
    - a) Prevent hands, arms, or any other part of a worker's body or clothing from coming in contact with dangerous moving parts;
    - b) Be secure so that they may not be easily removed or tampered with;
    - c) Protect objects from falling into moving parts of machinery;
    - d) Not create any new hazards due to its construction;
    - e) Not cause any interference for the machine process or the operator;
    - f) Allow for safe lubrication.

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **MACHINE GUARDING - NSC- 0616 - 20**

2. The following types of safeguards are acceptable forms of protection against the hazards of machinery operation:
  - a) Fixed, interlocked, adjustable and self-adjusting guards;
  - b) Presence-sensing, pullback and restraint devices;
  - c) Restraints;
  - d) Safety trip, two-handed and two-hand trip safety controls;
  - e) Gates;
  - f) Location and Distance;
  - g) Automatic and semi-automatic feeding machinery;
  - h) Automatic and semi-automatic ejection machinery; and
  - i) Any other method that protects against the hazards of machinery operation.
- Special Provisions:
  1. Guards for mechanical power transmission equipment must be made of metal or other rigid material.
  2. Wood guards may be used in the wood working and chemical industries, in industries where atmospheric conditions would rapidly deteriorate metal guards, or where temperature extremes make metal guards undesirable.
  3. Any machinery designed for use in a fixed location must be securely anchored to prevent walking or moving during normal operation.
  4. Mechanical Power Press Provisions
    - a) Point-of-operation guards must be used to prevent entrance of fingers or hands into the point-of-operation by reaching around, through, over and under the guard.
    - b) Guards must be placed over the treadle of foot-operated presses.
    - c) On presses with pedal counterweights must have the path of travel of the weight enclosed.
    - d) Machines using full revolution clutches shall incorporate a single stroke mechanism except where automatically fed in continuous operation and where the points of operation are safeguarded by a fixed barrier guard.
  5. Revolving Drum Provisions
    - a) Revolving drums, barrels, or containers must be guarded by an interlocked guard that prevents the drum from revolving unless the guard enclosure is in place.
  6. Jointer Provisions
    - a) Hand fed jointers with a horizontal cutting head shall have:
      - I. An automatic guard which shall cover the section of the head on the working side of the fence or cage;
      - II. A guard that covers the back of the cage or fence; and
      - III. A guard that automatically adjusts itself to cover the unused portion of the head and that remains in the contact with the material at all times.



## **SECTION IV – SAFETY POLICIES (CONT.):**

### **FLAG PERSON – NSC - 0616 - 21**

#### **1. Purpose**

- To protect employees from hazards associated with worksites on or adjacent to highways or streets.
- To ensure compliance with New Hampshire Department of Labor Standards.

#### **2. Responsibilities**

- Employer shall:
  1. Ensure that at worksites on or adjacent to a highway or street, where signs, signals, and barricades do not provide protection from traffic, that a flag person is provided.
  2. Provide appropriate training to any employee who may serve as a traffic flagger.
  3. Provide designated flag person(s) with highly visible warning garment with retro-reflective striping while flagging, and ANSI Type 2 vest at a minimum is recommended. An ANSI Type 3 garment is suggested for night time flagging.
  4. Provide additional reflective warning garments or devices to flag persons for nighttime flagging.
  5. Provide the flag person with a combination Stop/Slow paddle at least 18 inches in width and letters that are at least 6 inches in height.
- Employee/Flagperson shall:
  1. Wear provided warning garments provided by employer at times designated to do so.
  2. Erect adequate “Flagger Ahead” warning signs.
  3. Use flags and/or paddles as instructed.

#### **3. Additional Reference**

- Manual on Uniform Traffic Control Devices (MUTCD)

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **HAND TOOLS - NSC- 0616 - 22**

#### **1. Purpose**

- To protect employees from hazards associated with the use of hand held tools and hand held power tools.
- To ensure compliance with New Hampshire Department of Labor Standards.

#### **2. Responsibilities**

- Employer shall:
  1. Monitor the condition of all hand tools including those furnished by employees.
  2. If electric power operated tools are provided they must be double insulated, grounded, or used with ground fault circuit interrupters.
- Employee shall:
  1. Only use hand tools that are in safe working order.
  2. Inspect hand tools prior to use to look for:
    - a) Cracked handles;
    - b) Loose heads;
    - c) Mushroomed heads on wedges, chisels or similar tools;
    - d) Broken screw driver tips;
    - e) Any other damage to hand tool that would make it unsafe for use.
  3. Remove any damaged hand tool from service until it can be fixed or dispose of the tool permanently.
  4. When using electric power operated tools, ensure the tools are double insulated, grounded or used with ground fault circuit interrupters.
  5. Wear appropriate safety glasses, face shields, etc. while using hand tools or equipment that might produce flying materials, or be subject to breakage.

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **HYGIENE & SANITATION - NSC- 0616 - 23**

#### **1. Purpose**

- To ensure a supply of safe drinking water to all places of employment.
- To ensure compliance with New Hampshire Department of Labor Standards.

#### **2. Scope**

- This policy does not apply to mobile work crews so long as they have transportation or access to water and sanitary facilities.

#### **3. Responsibilities**

- Employer shall:
  1. Supply potable water at all places of employment.

#### **4. Procedural Overview**

- Set-up:
  1. Keep all potable water drinking containers equipped with a cap and closed at all times.
  2. Each container must have a tap from which water is drawn.
  3. If disposable cups are provided, they must be kept in a sanitary container and a receptacle must be provided for disposal of used cups.
- Use:
  1. Each employee must use a separate drinking container.
  2. If an employee uses a disposable cup, it must be disposed of in the provided receptacle.

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **MECHANIZED EQUIPMENT - NSC- 0616 - 24**

#### **1. Purpose**

- To protect employees from hazards associated with the operation of mechanized construction equipment.
- To ensure compliance with New Hampshire Department of Labor Standards.

#### **2. Responsibilities**

- Employer shall:
  1. Train employees in the safe operation of all mechanized equipment.
  2. Ensure that employees operate the equipment in a safe manner.
- Employees shall:
  1. Receive proper training before operating equipment.
  2. Conduct an inspection of the equipment before use.
  3. Report any hazards or unsafe conditions at once.
  4. Report any accidents or damage caused by or involving the mechanized equipment.

#### **3. Procedural Overview**

- Traveling:
  1. Operators shall not use any construction, earthmoving, or compacting equipment with an obstructed view to the rear unless:
    - a. A reverse signal (back up alarm) is operational and distinguishable from surrounding noise; and
    - b. Is backed with the use of a spotter/observer who communicates clearly with the operator that it is safe to do so.
- Maintenance - Repair:
  1. All suspended parts of said equipment (i.e. hoppers, dump bodies, buckets, booms) shall be blocked or braced before work begins below said components.

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **SAWS - NSC- 0616 - 26**

#### **1. Purpose**

- To protect employees from hazards associated with band saws, portable circular saws, radial saws, swing, or sliding cut-off saws and table saws.
- To ensure compliance with New Hampshire Department of Labor Standards.

#### **2. Scope**

- This policy applies to Band Saws, Portable Circular Saws, Radial Saws, Swing or Sliding Cut-off Saws, and Table Saws

#### **3. Responsibilities**

- Employer shall:
  1. Ensure proper guarding of all saws.
  2. Provide proper guards for all saws.
  3. Provide training on safe use of all saws.
- Employee:
  1. Ensure that proper guards on saws are in place before use.
  2. Perform pre-use inspection of all saws.
  3. Not use any saw that cannot pass all parameters of pre-use checklist.
  4. Wear eye protection (personal protective equipment).

#### **4. Procedural Overview**

- All parameters of a saw checklist must be met before the saw may be used. If accommodations cannot be made so that the saw does meet those requirements it should be removed from service until fit for use.
- Band Saw Pre-use Checklist:
  1. All portions of the band saw are enclosed and guarded except the working portion.
  2. Band saw wheels are fully enclosed.
  3. The outside periphery of the enclosure is solid.
  4. The front and back are solid, wire mesh or perforated metal.
- Portable Circular Saw Pre-use Checklist:
  1. If the saw blade diameter is greater than 2 inches:
  2. It is equipped with guards above and below the base plate or shoe.
  3. Lower guard covers the saw to the depth of the blade.
  4. When pulled back and released, the lower guard springs back into its original position.

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **SAWS - NSC- 0616 – 26 (Cont.)**

- Radial Saw Pre-use Checklist:
  1. The saw has an upper guard that fully encloses the upper half of the saw blade.
  2. The sides of the blade are equipped with a guard that automatically adjusts to the thickness of the material.
  3. A device that prevents material kick back is in place.
  4. The saw has an adjustable stop that prevents forward travel of the saw beyond a desired point.
  5. When pulled forward and released, the saw returns from its starting position on its own.
- Swing or Sliding Cut-off Saw Pre-use Checklist:
  1. A hood that completely encloses the upper half of the saw is in place.
  2. When the saw is pulled forward and released at any point in its travel distance, the saw returns to its starting point automatically.
  3. If the saw is inverted, it has a hood that covers the portion of the blade that protrudes above the top of the table or material being cut. \*This parameter must only be met if the saw has an inverted set-up.
  4. The limit stop, which prevents the saw from extending beyond front and back edges of the table, is in place and working properly.
- Table Saw Pre-use Checklist:
  1. The hood covering the portion of the blade protruding from the table is in place and automatically adjusts itself to the thickness of the material being cut.
  2. When a table saw is used for ripping, a device is in place to prevent material from kicking back at the operator.
  3. The saws with feed rolls are protected with hoods or guards to prevent the hand of the operator from coming in contact with in-running rolls at any point.
- 5. Personal Protective Equipment
  - Personal Protective Equipment typically required when using saws includes but may not be limited to:
    - Safety Glasses/Goggles
    - Dust Mask

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **EXCAVATING & TRENCHING - NSC- 0616 - 27**

#### **1. Purpose**

- To protect employees from hazards associated with excavating and trenching.
- To ensure compliance with New Hampshire Department of Labor Standards.

#### **2. Responsibilities**

- Employer shall:
  1. Before excavation begins, contact utility companies to determine if there are underground utility installations in that area.
  2. Ensure that underground utilities are identified and marked prior to excavation.
  3. Supply employees with trench protective systems when necessary.
- Competent Person (Supervisor) shall:
  1. Inspect and evaluate the condition of all trenches and excavations prior to permitting employees to enter.
  2. Perform inspection at the beginning or each day and at least 3 to 4 times during the operation thereafter.
  3. Cease operation when weather or other conditions may affect the integrity of trench or excavation.
  4. Continue trenching or excavation operations once the conditions have been made safe according to the guidelines identified in section 3 of this policy.
  5. Evaluate proximity of trenching operations to retaining walls, utility poles, and other objects that may need support to prevent collapse or undermining.
- Employee shall:
  1. Follow the applicable procedures identified in section 3 of this policy.

#### **3. Procedural Overview**

- Before Excavation or Trenching Operation-
  1. Contact utility companies to determine if there are any underground utility installations in that area.
  2. Identify and mark underground utility installations prior to operations.
  3. Competent person must inspect and evaluate the condition of trench or excavation prior to permitting employees to enter.

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **EXCAVATING & TRENCHING - NSC- 0616 – 27 (CONT.)**

- During Excavation or Trenching Operation-
  1. Competent person must inspect and evaluate the trench or excavation 3 to 4 times during the work day.
  2. Use a trench protective system (e.g. trench box) or sloping of the ground to the appropriate angle of repose when walls and faces of trenches and excavations are 5 feet or more deep, or when, regardless of depth, there is a danger of cave in or moving ground.
  3. Trenches 4 feet deep or more must have adequate means of exit such as ladders or steps, located so as to require no more than 25 feet of lateral travel.
  4. When employees are required to enter a trench or excavation, excavated or other material shall be stored and retained at least 2 feet or more from the edge of the excavation.
  5. Support retaining walls, utility poles, or other objects which could collapse or undermine if not properly supported.
  6. Wear/use appropriate personnel protective equipment.

#### **4. Personal Protective Equipment**

- Personal Protective Equipment typically required for this operation includes but may not be limited to:
  - Hardhat
  - Safety Footwear
  - Gloves



## **SECTION IV – SAFETY POLICIES (CONT.):**

### **STORAGE - NSC- 0616 - 28**

#### **1. Purpose**

- To protect employees from hazards associated with improper storage of materials in the workplace.
- To ensure compliance with New Hampshire Department of Labor Standards.

#### **2. Responsibilities**

- Employer shall:
  1. Provide adequate storage areas for all tools, materials, debris etc. so that their presence in the workplace does not become a hazard.
  2. Ensure that employees are informed to the correct location for storage of all materials in the workplace.
  3. Where mechanical handling equipment is used, ensure the work area is set up to provide sufficient safe clearance for aisles, at loading docks, through doorways, and whenever turns or passage is made.
- Employee shall:
  1. Keep all storage areas free from accumulation of materials that constitute hazards from tripping, fire, explosion or pest haborage.
  2. Stack, block, interlock, and limit in height all stored materials so that they are secure against sliding or collapse.
  3. Never use stairs for storage.

**THESE ITEMS** 3. Remove and/or control vegetation in storage areas when necessary.  
**REMOVED** 4 Store flammable and combustible.

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **TRAFFIC CONTROL - NSC- 0616 - 29**

#### **1. Purpose**

- To protect employees when working in or around vehicular traffic.
- To ensure compliance with New Hampshire Department of Labor Standards.

#### **2. Responsibilities**

- Employer shall:
  1. Ensure that pedestrian and vehicular traffic is adequately controlled on every job site.
  2. Provide employees with appropriate personal protective equipment (PPE) and other safety devices needed to effectively and safely control traffic.
  3. Ensure that traffic control devices conform to applicable federal and state regulations or to applicable sections of Federal Highway Administration Manual on Uniform Traffic Control Devices (MUTCD).
  4. Provide training to employees on safe and effective traffic control techniques.
- Employee shall:
  1. Follow practices set by the employer for the control of traffic.
  2. Use personal protective equipment like safety vest when in or around vehicular traffic.

#### **3. Procedural Overview**

- General Requirements:
  1. Effective means for control of pedestrian and vehicular traffic shall be instituted on every job site where necessary.
- Protective Equipment:
  1. All employees working in or around vehicular traffic shall wear, at a minimum, an ANSI Class II Traffic Vest.
- Traffic Control Devices:
  1. Flaggers shall use paddles with clearly visible Stop/Slow signals.
  2. Signs shall be erected in advance of the work zone to warn of possible hazards such as *flagger ahead*, *road work ahead*, and *be prepared to stop*.
  3. The placement and spacing of signs in advance of a work area shall be adjusted according to vehicle speed as outlined in the Manual on Uniform Traffic control devices (MUTCD)
  4. Cones, Barricades and other devices shall be used to separate traffic lanes from work areas.
  5. Construction vehicles shall be equipped with adequate warning equipment (amber lights).

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **TRASH - NSC- 0616 - 30**

#### **1. Purpose**

- To ensure that refuse is discarded properly in the workplace.
- To ensure compliance with New Hampshire Department of Labor Standards.

#### **2. Responsibilities**

- **Employer shall:**

1. Provide adequate receptacles for all types of discarded materials in the workplace.
2. Establish a schedule identifying specific times at which refuse shall be emptied to ensure a clean and sanitary workplace.

- **Employee shall:**

1. Remove all sweepings, solid or liquid wastes, refuse, and garbage in such a manner as to avoid creating a menace to health and safety.

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **TREE CARE OPERATIONS - NSC- 0616 - 31**

#### **1. Purpose**

- To protect employees from the hazards associated with tree care operations.
- To ensure compliance with New Hampshire Department of Labor Standards.

#### **2. Responsibilities**

- Employer shall:
  1. Train all employees who engage in tree care operations in safe operating procedures for all equipment including saws, climbing equipment and personal protective equipment.
  2. Train employees in safe operating procedures for when tree care is performed around overhead power lines.
  3. Provide at no cost to employees, all personal protective equipment necessary for safe tree care operations.
  4. Provide, at no cost, chaps specifically designed to foul a moving chain whenever chain saws are used.
  5. Establish rescue procedures for all employees who work above ground level and administer training for such procedures.
- Employee shall:
  1. Use all personal protective equipment provided when performing tree care operations.
  2. Use all tree care equipment according to manufacturer's guidelines, employer training, and the safety procedures identified in section 3 of this policy.
  3. Not perform any tree care operation or use any equipment unless authorized to do so.
- Competent Person (Supervisor) shall:
  1. Determine whether tree care operations can be safely performed in close proximity to energized power lines.

#### **3. Procedural Overview**

- Personal Protective Equipment:
  1. Head and eye protection meeting the following requirements shall be worn during all tree care operations:
    - a. The head protection worn shall contain the manufacturer's certification that it complies with ANSI Z89.1-1981.
    - b. When working in close proximity to electrical lines, the head protection worn shall contain the manufacturer's certification that it is a Class B hard hat which complies with ANSI Z.1-1981.
    - c. Employees performing tree care operations must wear eye protection at all times.

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **TREE CARE OPERATIONS - NSC- 0616 – 31 (CONT.)**

2. Climbing equipment must meet the following requirements:
    - a. Safety belts, tree trimming saddle belts, or a saddle formed by a double bowline on a bight shall be worn to protect workers above ground level.
    - b. Saddle belts or safety belts used for climbing operations shall have forged support rings.
    - c. Snaps used in climbing ropes or in safety straps, for attachment to the forged support ring, shall be of self-closing safety type.
    - d. Forged support rings shall be designed so that the snaps will not become disengaged, or roll off accidentally.
  3. Climbing ropes shall be used when working aloft in trees and meet the following requirements:
    - a. When manila rope is used it must have a minimum diameter of 1/2 inch (12mm) and shall be 3 or 4 strand first-grade manila, with a rated breaking strength of 2385 pounds or equivalent strength and durability.
    - b. Synthetic rope shall have a maximum elasticity of not more than 7 percent.
    - c. Climbing ropes shall not be used to lower limbs or other parts of trees, or to raise or lower equipment.
  4. When chain saws are used, chaps specifically designed to foul a moving chain shall be worn.
- **Brush Chippers:**
    1. Access panels used for maintenance and adjustment shall be closed and secured prior to operation of brush chippers.
    2. Each rotary drum tree or brush chipper or disk-type tree or brush chipper not equipped with a mechanical in feed system must be retrofitted with an in feed hopper meeting the following requirements:
      - a) Not less than 85 inches (2.15m), measured from the blades or knives to ground level over the centerline of the hopper;
      - b) Shall have sufficient height on its side members so as to prevent personnel from contacting the blades or knives of the machine during normal operations;
      - c) Feed systems shall have a quick stop and reversing device on the in feed. The activating lever for the quick stop and reversing device shall be located across the top, along each side of, and as close to the feed end of the in feed hopper as practicable and within easy reach of the operator.
  - **Powered Brush Cutting Saws:**
    1. When in operation, no except the operator shall be within 10 feet of the cutting head of the brush saw.
    2. The power unit shall be equipped with a quick shutoff switch readily accessible to operator.

## **SECTION IV – SAFETY POLICIES (CONT.):**

### **TREE CARE OPERATIONS - NSC- 0616 – 31 (CONT.)**

- Chain Saws:
  1. When operating chain saws the manufacturer's operating and safety instructions shall be followed.
  2. Saws weighing more than 15 pounds that are used in trees shall be supported by a separate line, except when used from an aerial-lift device.
  3. Engines shall be stopped when saws are being carried.
  4. Saws need not be stopped between cuts during consecutive felling, bucking or liming or cutting operations on reasonably level ground.
  5. The chain shall not be turning and the operator's hand shall be off the throttle lever while operators move between work locations.
  6. One-man saws shall be carried by the worker on his/her side with the guide bar of the saw pointed to the rear.
- Miscellaneous:
  1. Equipment on which workers stand and spray while the vehicle is in motion shall be equipped with guardrails around the working area.

#### **4. Personal Protective Equipment**

- Other personal protective equipment typically required for tree care operations includes but may not be limited to:
  1. Gloves
  2. Safety Toe Footwear

**SECTION V – FORMS (See pages 58 through 77)**

<b>TOWN OF NEWTON <i>JLMC</i></b> <b><u>FIRST AID KIT CHECK SHEET</u></b>			
<b>LOCATION:</b>			
<u>DATE CHECKED</u>	<u>CHECKED BY</u>	<u>COMMENTS</u>	<u>CHECKED BY</u>
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
<b>FIRST AID KIT - LIST OF CONTENTS</b>			
20 - 1" x 3" Adhesive plastic bandages		16 - Alcohol Cleansing Pads	
2 - 1 3/4" x 3" Large fingertip fabric bandages		2 - Eye wash -1/2 oz.	
2 - 1 1/2" x 3" Knuckle fabric bandages		1 - 4" x 5" Instant cold press	
30 - 3/8 x 1" Adhesive Bandages		2 - Finger Splints	
1 - 40" x 40" x 56" Triang. sling bandage 4 safety pins		4 - Aspirin tablets.	
1 - 2" x 4.1 yd. Conforming gauze roll bandage		4 - Non Aspirin Tablets	
1 - 3" x 5 Yd. Gauze Roll		4 - Ibuprofen Tablets	
4 - 4" x 4" Gauze dressing pads		1 - 4 1/2" Scissors, Nickel plated	
1 - 5"x 9" Trauma pad		1 - 4" Tweezers	
1 - Sterile eye pad		1 - Pair exam quality gloves	
12 - Antiseptic cleansing wipes (Sting free)		1 - First aid guide -	
2 - Antibiotic ointment		2 - Sting Relief Pads	
10 Cotton Tip Applicators		1 - 1/2" x 5 Yd. First Aid Tape Roll	
<b>NOTE: LIST ITEMS USED ON REVERSE SIDE</b>			
<b>Newton,NH <i>JLMC</i> Form "A" (Front)</b>			

FIRST AID KIT - LIST OF CONTENTS	ITEMS USED										
	MARK QTY. OF EACH ITEM USED										
20 - 1" x 3" Adhesive plastic bandages											
2 - 1 3/4" x 3" Large fingertip fabric bandages											
2 - 1 1/2" x 3" Knuckle fabric bandages											
30 - 3/8 x 1" Adhesive Bandages											
1 - 40" x 40' x 56" Triangular sling bandage w/ 4 safety pins											
1 - 2" x 4.1 yd. Conforming gauze roll bandage											
1 - 3" x 5 Yd. Gauze Roll											
4 - 4" x 4" Gauze dressing pads											
1 - 5"x 9" Trauma pad											
1 - Sterile eye pad											
12 - Antiseptic cleansing wipes (Sting free)											
2 - Antibiotic ointment											
10 Cotton Tip Applicators											
16 - Alcohol Cleansing Pads											
2 - Eye wash -1/2 oz.											
1 - 4" x 5" Instant cold press											
2 - Finger Splints											
4 - Aspirin tablets.											
4 - Non Aspirin Tablets											
4 - Ibuprofen Tablets											
1 - 4 1/2" Scissors, Nickel plated											
1 - 4" Tweezers											
1 - Pair exam quality gloves											
1 - First aid guide -											
2 - Sting Relief Pads											
1 - 1/2" x 5 Yd. First Aid Tape Roll											

*Newton, NH JLMC Form "A" (Back)*



**TOWN OF NEWTON *JLMC***

**2009 DEFIBRILLATOR KIT CHECK SHEET**

<u>LOCATION: (Circle One)</u>				<u>RESPONSIBLE PARTY</u>	
Newton, NH Town Hall (Outside Build. Insp. Office)				Town Administrator or Designee	
Newton Transfer Station (Bunker Building)				Transfer Station Manager or Designee	
DATE	CHECKED BY	"OK"	"USE BY"	EMERGENCY.	COMMENTS
(Insert date)	(Dept. Personnel)	VISIBLE	DATE	SUPPLIES	
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
NOTE:					
The LIFEPAK CR Plus defibrillator does not require routine maintenance. The defibrillator performs an automatic self-test once a week and every time you turn it on. The electrode indicators briefly flash during the test. If the automatic self-test detects a condition that requires attention, the "OK" symbol in the readiness display will fade and either the "CHARGE PAK" symbol or the "ATTENTION" symbol, or the "WRENCH" symbol will appear, depending on the type of condition detected.					
CHECKS LISTED ABOVE:					
- "OK" symbol is visible in the readiness display.					
- "USE BY DATE" on the electrode packet is visible through the clear plastic lid in the upper right corner.					
- Check all emergency supplies / spare parts that may be stored with the defibrillator.					

# CONTRACTOR NOTIFICATION FORM

The Town of Newton is informing you that hazardous chemicals are used and stored at our facility. Please read the information below and sign that you have read and understand it.

## PERSONAL PROTECTIVE EQUIPMENT:

It is the contractor's responsibility to ensure all contractor personnel are supplied with the proper protective equipment applicable to their duties, trained in the proper use of said equipment and that their employees wear all said equipment.

## MATERIAL SAFETY DATA SHEETS: (MSDS)

Facility specific MSDS are kept in the Selectmen's Office and are accessible during all working hours. Copies of MSDS are available to contract employees, their representatives, and medical providers upon written request.

## HAZARDOUS MATERIAL LABELING:

The Town of Newton teaches the HMIS (Hazardous Material Identification System) labeling system. This system rates the health, flammability, and reactivity hazards of a chemical on a scale of zero to four (0-4); zero means minimal hazard and four means severe hazard. Required personal protective equipment is also listed. All containers will have the required information on the original label, the HMIS label, or a combination of the two.

## PRECAUTIONARY MEASURES:

The Officer in Charge will review specific precautionary measures for normal operations and foreseeable emergencies. Emergency alarms and evacuation routes will also be reviewed.

If evacuation is necessary, the contract employee rally point is on the front lawn of the Town Hall. The person in charge is responsible for taking and reporting the head count. You must report to your designated rally point and may not leave until dismissed by your project manager.

## PROCEDURES FOR BRINGING CHEMICALS INTO THE BUILDING:

A. All chemical MSDS must be submitted to the Selectmen's Office for approval, ten days before they are brought into the facility.

B. All chemical brought in the facility are subject to all the provisions of the Town of Newton Hazard Communication Program. This includes sample and trial chemicals.

C. All chemical MSDS must be submitted to the Selectmen's Office for approval, ten days before they are brought into the facility.

D. All chemical brought in the facility are subject to all the provisions of the Town of Newton Hazard Communication Program. This includes sample and trial chemicals.

The Town of Newton Hazardous Communication Program is available for review at the Selectmen's Office.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

**TOWN OF NEWTON, NH**

**ACCIDENT / INCIDENT INVESTIGATION REPORT**

Date, Time & Location of Accident: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Department Head / Supervisor: \_\_\_\_\_

Witness(s): (Name, Add. & Tel.) \_\_\_\_\_

\* Brief Description of Accident / Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did Injured Person Receive 1<sup>st</sup> Aid? Yes ☐ No ☐ By Whom: \_\_\_\_\_

Was Injured Person Transported to a Medical Facility? Yes ☐ No ☐

If Yes: Name of Medical Facility: \_\_\_\_\_

Transported By: \_\_\_\_\_

If No: Person Went Home: Yes ☐ No ☐ If Yes: Time: \_\_\_\_\_

Person Remained at Work: Yes ☐ No ☐

Other: \_\_\_\_\_

Was a Worker's Compensation Form completed and filed? Yes ☐ No ☐

\* Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What could have been done to prevent this Accident / Incident?

\_\_\_\_\_

\_\_\_\_\_

Have the unsafe conditions been corrected? Yes ☐ No ☐

If Yes, what has been done? \_\_\_\_\_

If No, what needs to be done? \_\_\_\_\_

Department Head / Supervisor: \_\_\_\_\_

Name

Date

\* Continue additional information on back of form if needed.

*Newton, NH JLMC Form "D" (Front)*

# **TOWN OF NEWTON, NH**

## **ACCIDENT / INCIDENT INVESTIGATION REPORT (CONT.):**

### **\* Brief Description of Accident / Incident:**

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### **CONTINUED:**

#### **\* Comments:**

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### **OTHER COMMENTS:**

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**TOWN OF NEWTON**

**SAFETY POLICY / PROCEDURE VIOLATION**

**WRITTEN WARNING**

To: \_\_\_\_\_

From: \_\_\_\_\_

Date: \_\_\_\_\_

Subject: Written Warning

You are hereby given a written warning as called for in the Personnel Rules & Regulations and Department Work Rules, for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

which is a violation/are violations of the following rules and regulations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are expected to improve your compliance with these rules and regulations forthwith.

Any further violations may result in further, and possibly more severe, disciplinary action that may include, but may not be limited to, suspension and/or discharge.

\_\_\_\_\_  
Department

\_\_\_\_\_  
Dept. Head / *Supervisor's Signature*

\_\_\_\_\_  
*Date*

I acknowledge receipt of the above. I certify that it was discussed with me.

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

I acknowledge receipt of the above. I do not agree with the above.

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

***Newton, NH JLMC Form "E"***

**TOWN OF NEWTON**

**SAFETY POLICY / PROCEDURE VIOLATION**

**Notice of Suspension**

To: \_\_\_\_\_

Date: \_\_\_\_\_

From: \_\_\_\_\_

Subject: Notice of suspension

You are hereby notified that you are suspended effective immediately. This suspension will continue pending resolution of appeal to the Board of Selectmen.

This action is the result of your violation of \_\_\_\_\_

\_\_\_\_\_  
*(Cite section of rule violated).*

in that you \_\_\_\_\_  
*(Cite specifics of violation to include date(s), time(s), and action(s)).*

\_\_\_\_\_  
This behavior does not comply with the standards of performance expected of you as an employee.

\_\_\_\_\_  
*(May wish to cite other warnings, if any, in here.)*

\_\_\_\_\_  
*Department*

\_\_\_\_\_  
*Dept. Head / Supervisor's Signature*

\_\_\_\_\_  
*Date*

I hereby acknowledge receipt of the above. I certify that it was discussed with me.

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

***Newton, NH JLMC Form "F"***

# TOWN OF NEWTON, NH

## WRITTEN SAFETY POLICIES

---

I have read and received training in the following Town of Newton Written Safety Policies adopted on October 19, 1994 and most recently revised in February 2009. I agree to abide by all Town of Newton, NH published policies.

### POLICIES

- o First Aid
- o Personal Protective Equipment
- o Motor Vehicle Operation
  
- o Accident Investigation
  
- o Lock Out / Tag Out
- o Hazardous Materials Management
- o Hazardous Materials Communication
- o MSDS (Material Safety Data Sheet)
- o Hazardous Materials Labeling
- o Hazardous Materials Terminology

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**PLEASE CHECK BOX OF ALL POLICIES FOR WHICH YOU RECEIVED TRAINING.**

Initial Training

☐

Follow up Training

☐

\_\_\_\_\_  
Employee Print Full Name

\_\_\_\_\_  
Employee Full Signatures

Date Training Received:

Signature of Department Head / Supervisor:

\_\_\_\_\_

Title:

\_\_\_\_\_

Date:

\_\_\_\_\_

*Newton, NH JLMC Form G*

# **TOWN OF NEWTON, NH**

## **SAFETY AND LOSS MANAGEMENT PROGRAM**

**This is to certify that I have received and read the current Town of Newton, NH written Safety Policy Manual.**

**I hereby agree to abide by all policies contained in said manual.**

\_\_\_\_\_  
**Print full name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

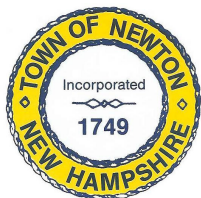
**Distributed by:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

*Newton, NH JLMC Form "H"*





**TOWN OF NEWTON, NH**  
**OFFICE OF THE SELECTMEN**  
**P.O. Box 378**  
**2 Town Hall Road**  
**Newton, NH 03858**



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**BULLYING INVESTIGATION REPORT**

**Name of Person Filing Report:** \_\_\_\_\_

**Check whether you are:** Target of incident ☐ Reporter (Not the target) ☐

**Date & Time of Incident:** \_\_\_\_\_

**Location of the Incident:** \_\_\_\_\_

**Name of the Target:** \_\_\_\_\_

**Name of the Aggressor:** \_\_\_\_\_

**Witness(s)** (List people who saw the incident and have pertinent information)

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Describe the details of the incident, including names of people involved, what occurred, and what each person did and said, including specific words used. (Please use additional sheets of paper if necessary and attach to this document.)

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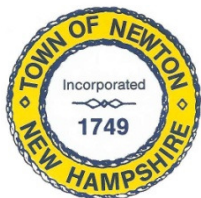
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**Signature of Person Filing Report:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Signature of Recipient:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**TOWN OF NEWTON, NH**  
**OFFICE OF THE SELECTMEN**  
*P.O. Box 378*  
*2 Town Hall Road*  
*Newton, NH 03858*



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**RELEASE AND INDEMNIFICATION AGREEMENT FOR VOLUNTEERS**

**I. Release of liability and indemnification agreement; volunteer (s) (and parent(s) / legal guardian(s), if applicable) must read carefully before signing.**

**In consideration for being permitted to engage in the following activity(s):**

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**I understand that the above-described activities are or may be dangerous and do or may involve risks of injury, loss, or damage. I further acknowledge that such risks may include but not be limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage, arising from the above activity(s).**

**By signing this RELEASE AND INDEMNIFICATION AGREEMENT,**

**I further hereby exempt, release, and discharge the Town of Newton, its officers, and its employees, from any and all claims, demands, and actions for such injury, loss, or damage, arising out of or in any way related to the above-described activities.**

**I understand and agree that this RELEASE AND INDEMNIFICATION AGREEMENT shall be governed by the laws of the State of New Hampshire and that jurisdiction and venue for any suit or cause of action under this Agreement shall lie in the courts of New Hampshire.**

**This RELEASE AND INDEMNIFICATION AGREEMENT shall be effective as of the date set forth below and shall be binding upon me, my successors, representatives, heirs, executors, assigns and transferees.**

**II. VOLUNTEER SIGNATURE AND DATE:**

**Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_

**(See reverse side)**

**III. PARENT/LEGAL GUARDIAN SIGNATURES:** *(Each parent/legal guardian must complete the following if the Volunteer is under 18 years of age.)*

**I am/we are the parent(s)/legal guardian(s) of the Volunteer and by my/our signature, agree to be bound by and responsible for all of the provisions of this RELEASE AND INDEMNIFICATION AGREEMENT, on behalf of ourselves, the volunteer, and the successors, representatives, heirs, executors, assigns, and transferees of ourselves and the Volunteer.**

**Signature(s) of Parents / Legal Guardian(s) (if applicable):**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SLIP, TRIP, AND FALL LOG

SLIP, TRIP, AND FALL LOG								
LOCATION: _____								
#	DATE	REPORTED BY (DEPT. & JOB TITLE ONLY)	EMP. (Y / N)	LOCATION	SURFACE CONDITION	WEATHER	INJURY	CORRECTIVE ACTION
1								
2								
3								
4								
5								
6								

*Newton, NH Safety Committee Form "L"*

**THIS FORM CAN BE OBTAINED AT THE SELECTMAN'S OFFICE.**

Newton, NH JLMC Form "L" – May 2016

## **JOINT LOSS MANAGEMENT COMMITTEE RECOMMENDATION FORM**

Committee Meeting Date: \_\_\_\_\_ Recommendation # \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**COMMITTEE RECOMMENDATION:**

[illegible]

**B.O.S. RESPONSE:**

**DATE:** \_\_\_\_\_

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Loss Analysis Form**

Loss Analysis for: \_\_\_\_\_ Period: \_\_\_\_\_ to \_\_\_\_\_

#	DATE	REPORTED BY: (DEPT AND JOB TITLE ONLY)	EMP. (Y/N)	LOCATION	INJURY CAUSE	CONTRIBUTING FACTORS	INJURY	CORRECTIVE ACTION

**JLMC Health and Safety (General) Inspection Form**

Department:  
Name of Property (Building):  
Location / Address:

Date:  
Inspector:  
Property (Building) Contact:

	General Building Items to check	Yes	No	N/A	Discrepancy	Recommendation for Correction (if applicable)	Date Corrected
1	Are all work areas clean, sanitary and orderly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Are aisles and passageways kept clear and free of tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Are eating areas and washing facilities clean and sanitary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	Do stairways meet acceptable standards and are they kept clear of obstructions? (Stairway 22" wide; Standard handrails if stairway has 4 or more risers; 3" rail wall clearance.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Are all electrical devices and equipment properly plugged in? (Extension cords not used in place of permanent wiring or daisy chained.) (Electrical heaters plugged directly into wall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Is the access to all exits clear (free of obstructions), appropriately marked, and exit doors unlocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	Do emergency exit lighting fixtures work properly? (Emergency lights tested & exit light bulbs must be replaced when burned out.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	Are all fire extinguishers visible, readily accessible and serviced within the last 12 months? (Tag checked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	Are AED's checked monthly if available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Have employees been briefed on the Building Evacuation Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	Are there any glaring safety hazards or concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Storage & Maintenance Areas		Yes	No	N/A	Discrepancy	Recommendation for Correction (if applicable)	Date Corrected
1	Are all building storage areas kept clean and orderly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Is there clearance beneath sprinklers? (A clear distance of 18" beneath the sprinkler head is required.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Is a clear space of 30 inches maintained in front of all electrical panel boxes for access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	Are circuit breakers and fuses labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Is the area around the furnace and water heater clear of combustible materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Are flammable liquids stored properly? (Buildings with more than 10 gallons of flammable liquids must have flammable liquids stored in an approved cabinet.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	Are MSDS sheets available and employees trained as required by Worker's Right to Know Law (RSA-277A)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	Are certificates for boilers and elevators posted as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	Is Personal Protective Equipment available and employees trained in its proper use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Are there any items that may be in violation of Lab 1403 RULES FOR EMPLOYEE SAFETY AND HEALTH not previously addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Additional Comments:



# PRIME<sup>3</sup> Member Self Assessment

Member Name \_\_\_\_\_ ☐ New PRIME<sup>3</sup> Member ☒ PRIME<sup>3</sup> Renewal

Policy / Practice <small>(Click link for supporting resource)</small>	Assessment Guidelines	Completed	Date	Action Required / Comments
<b>1</b> Loss Experience Benchmarks	a) Benchmarks established and tracked annually b) Prior loss experience used to identify areas for improvement c) Achievable goals established to measure improvement d) Submit established benchmarks to Primex <sup>3**</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2</b> Joint Loss Management Committee (RSA 281-A)	a) Committee has met at least quarterly b) Committee has balanced (employee / employer) representation c) All employees aware of JLMC activities d) Submit copy of recent JLMC meeting minutes to Primex <sup>3*</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>3</b> Current Written Safety Program (RSA 281-A)	a) When was the Written Safety Program reviewed and updated? b) Is a log of program updates maintained? c) All employees are familiar with the safety program? d) Submit a copy to Primex <sup>3*</sup>	Date _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>4</b> Prompt Claims Reporting (≤ 5 days) Procedures	a) Designated individuals submit all claims b) Claims are filed electronically c) All employees follow the reporting policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>5</b> Temporary Alternate Duty (RSA 281-A)	a) Policy is up to date b) Position descriptions exist for all positions c) A list of tasks appropriate for TAD exists d) All employees and supervisors understand that TAD is available and expected * Includes occupational health when available? e) Submit a copy of TAD policy to Primex <sup>3**</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		

rev. 5/21/15

\* Submit during initial application only

\*\* Submit benchmarks annually

Policy / Practice (Click link for supporting resource)		Assessment Guidelines	Completed	Date	Action Required / Comments
<b>6</b>	Slip, Trip, and Fall Prevention Policy	a) Policy is up-to-date b) Policy addresses both employees and visitors c) All employees are aware of, understand, and follow the policy d) Submit current policy to Primex <sup>3</sup> *	<input type="checkbox"/> Yes <input type="checkbox"/> No	____	
<b>7</b>	Facility Inspections (RSA 281-A)	a) Conducted by member annually, usually by JLMC b) Deficiencies are promptly addressed c) Records are maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No	____	
<b>8</b>	Seat Belt Use Policy	a) Policy is in place and applies to all employees who may operate a motor vehicle b) All employees are aware of, understand, and follow the policy c) Submit current policy to Primex <sup>3</sup> *	<input type="checkbox"/> Yes <input type="checkbox"/> No	____	
<b>9</b>	Required Federal/ State Workplace Postings	a) All appropriate postings are in place b) Postings are current c) Policies associated with postings are in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	____	
<b>10</b>	Harassment and Discrimination Policy	a) Policy is up to date b) All employees are aware of, understand, and follow the policy c) Has training been conducted in the past three years? d) Submit current policy to Primex <sup>3</sup> *	<input type="checkbox"/> Yes <input type="checkbox"/> No	____	

\* Submit during initial application only      \*\* Submit benchmarks annually      Page 2 of 2

I certify that all statements and information contained herein and in all my materials submitted by me are true, correct, and accurate to the best of my knowledge and belief and I am authorized to submit this form.

Submitted by: (name and title)

NEWTON HISTORICAL SOCIETY  
C/O WILLIAM LANDRY, PRESIDENT  
15 SPRUCE LANE  
NEWTON, NH 03858

Date: \_\_\_\_\_

t at 1-800-698-2364 for assistance with implementing these 10 policies/practices.

## For Primex<sup>3</sup> Use Only

Primex<sup>3</sup> Risk Management  
Consultant: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Date Received: \_\_\_\_\_

RM Supervisor Approved ☐

## SECT. VI - EVACUATION PLANS:

### NEWTON TOWN HALL EVACUATION PLAN

In case of an emergency in the building, employees will make sure that the fire alarm is sounded to evacuate the building.

Employees will close all office doors and customer windows as they exit.

*Persons on the first floor* have five (5) exit options:

- The front door to South Main Street
- The side door on the South side of the building.
- The West door in the Selectmen's office.
- The West door in the Town Clerk's office.
- The North door in the Copier Room

Choose the exit that provides the safest means of egress

1 *Persons on the second floor* have two (2) exit options:

- Down the front stairs through the front door to South Main Street.
- Through the side handicap door located on the South side of the building.

Choose the exit that provides the safest means of egress

**ALL EVACUEES WILL GATHER ON THE  
LAWN IN FRONT OF THE BUILDING!**

## **GALE LIBRARY**

### **EVACUATION PLAN**

- In case of emergency in the building, employees will make sure that the fire alarm is sounded to evacuate the building.
- All employees who are in the library will meet in the parking lot located at the back of the building and will direct the emergency personnel to the last known location(s) of any persons who may still be in the building.
- Persons on the second floor will exit down the stairs through the front door, if possible, or exit onto the fire escape to the ground level.
- Persons on the first floor will exit through the front door, if possible, to South Main Street or out through the side handicap ramp door located on the North side of the building to the parking lot in the rear of the building.

# TOWN OF NEWTON, NH

## SAFETY & LOSS MANAGEMENT PROGRAM & POLICIES

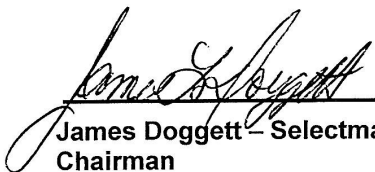
The Town of Newton, NH values the health, welfare, and safety of every employee, elected official and volunteer and intends to provide a safe and healthful workplace. Accidents cause untold suffering and financial loss to said employees, officials, volunteers and their families.

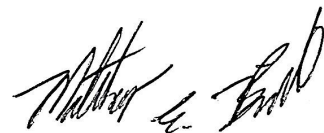
In pledging its full support of the safety process, the Newton Board of Selectmen recognizes certain obligations:


1. That prevention of accidents and protection of all resources are guiding principles.
2. That all decisions affecting safety must receive the same consideration as those affecting our service to the community.
3. That safe working conditions and methods are of prime importance and take precedence over shortcuts and "quick fixes".
4. That the Town of Newton will comply with all safety laws and regulations.
5. That feedback will be welcomed from all employees.
6. That all employees and persons functioning on behalf of the Town of Newton will follow all safety rules, take no unnecessary chances, use all safety guards and equipment, and make safety an integral part of their activities.

As an employee of the Town of Newton, NH you have a responsibility to yourself, your family, your co-workers, and the community to understand and follow our safety program.

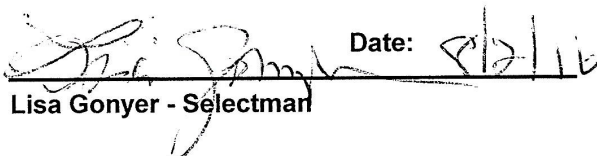
Your efforts will make a difference.

 Date: 2 Aug, 16  
James Doggett – Selectman  
Chairman

 Date: 8/2/16  
Mathew Burrill – Selectman  
Vice Chairman

 Date: 08-02-16  
Robert Donovan Jr. – Selectman

 Date:  
Lawrence Foote – Selectman

 Date: 8/2/16  
Lisa Gonyer – Selectman